Virginia Department of Health

Office of Emergency Medical Services

Quarterly Report to the

State EMS Advisory Board

May 15, 2009

Administration and Finance

Office of Emergency Medical Services
Report to The
State EMS Advisory Board
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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. Administration and Finance

a) State EMS Advisory Board Officers and Standing Committee Chairs - Approved on 2/13/09

Board Position	Position Held By	OEMS Staff
Chair	Jennie Collins	Gary Brown
1st Vice Chair	Randy Abernathy	Gary Brown
2nd Vice Chair	Pokey Harris	Gary Brown
Awards Selection Committee	Karen Wagner	Beth Singer
Communications Committee	Pokey Harris	Ken Crumpler
CISM Committee	Dee Dee Soyars	Karen Owens
EMS Emergency Management Committee	Bubby Bish	Jim Nogle
Emergency Medical Services for Children	Theresa Guins	David Edwards
EMS Workforce Development Committee	James Gray	Carol Morrow
Finance, Legislation & Planning	Randy Abernathy	Scott Winston
Financial Assistance Review Committee	Wayne Peer	Amanda Davis
Medevac Committee	Bruce Edwards	Tim Perkins
Medical Direction Committee	Asher Brand, M.D.	Tom Nevetral
Nominating Committee		Gary Brown
Professional Development Committee	Larry Oliver	Greg Neiman
Regulation and Policy Committee	Jennie Collins	Michael Berg
Transportation Committee	David Barrick	Jimmy Burch
Trauma System Oversight & Management	Ajai Malhotra	Paul Sharpe

b) Governor Completes Board Appointments

On April 3, 2009 Governor Kaine announced his final three appointments to the State EMS Advisory Board as follows:

Appointee	Representing	To Succeed
Gary Dalton	Virginia Association of Volunteer Rescue Squads	Karen Wagner
Robin Foster, M.D.	Virginia Chapter of the American Academy of Pediatrics	Theresa Guins, M.D.
Allen Yee, M.D.	Medical Society of Virginia	James Dudley, M.D.

Each member is appointed for a three year term beginning July 1, 2008 and ending on June 30, 2011.

c) Nominating Committee Report

Jennie Collins, Chair, State EMS Advisory Board appointed Byron Andrews, Jason Campbell and Allen Yee, M.D. to serve on the Nominating Committee, and appointed Mr. Andrews as Chairmen. The Nominating Committee, including elected members Gary Dalton and Anthony Wilson, met via conference call on Tuesday, April 28, 2009. The Nominating Committee, by unanimous motion, submits the following:

Robin Foster, M.D.	Chair, Emergency Medical Services for Children (EMSC) Committee
Anthony Wilson	Chair, Awards Committee

The Chair of the State EMS Advisory Board will seek ask for the election of a Chair for the EMSC Committee and the election of the Chair for the Awards Committee on May 15, 2009.

d) Executive Committee Met on April 13, 2009

The Executive Committee of the State EMS Advisory Board met on Monday, April 13, 2009. Minutes are included as **Appendix A.**

e) EMS Seat on State Board of Health

As you will recall, SB1236 passed by the 2009 Virginia General Assembly adds an additional seat on the State Board of Health for EMS. The exact language follows:

CHAPTER 128

An Act to amend and reenact § 32.1-5 of the Code of Virginia, relating to Board of Health; membership.

[S 1236]

Approved February 25, 2009

Be it enacted by the General Assembly of Virginia:

1. That § 32.1-5 of the Code of Virginia is amended and reenacted as follows:

§ 32.1-5. Appointment of members; terms and vacancies.

There shall be a State Board of Health which shall consist of ~~thirteen~~ *15* residents of the Commonwealth appointed by the Governor for terms of four years each. Two members of the Board shall be members of the Medical Society of Virginia, one member shall be a member of the Virginia Pharmaceutical Association, one member shall be a member of the State Dental Association, one member shall be a member of the Virginia Nurses' Association, one member shall be a member of the Virginia Veterinary Medical Association, one member shall be a representative of local government, one member shall be a representative of the hospital industry, one member shall be a representative of the nursing home industry, one member shall be a representative of the licensed health carriers responsible under Title 38.2 for a managed care health insurance plan, one member shall be a corporate purchaser of health care, ~~and~~ two members shall be consumers, *one member shall have public environmental health expertise,* ***and one member shall be a representative of the emergency medical services community recommended by the State Emergency Medical Services Advisory Board.*** A vacancy other than by expiration of term shall be filled by the Governor for the unexpired term.

No person shall be eligible to serve more than two full consecutive four-year terms.

The responsibility of the State EMS Advisory Board to nominate a representative of the EMS community to serve on the Board of Health is extremely important. As such, the EMS Advisory Board's Executive Committee (at their 4/13/09 meeting) developed a so-called Position Description to guide the Board in making their selections/nominations for the Governor's consideration. This draft document includes the following criteria:

- Definition and Role Description
- Appointment
- Expectations
- Knowledge, Skills and Abilities
- Experience and Education Requirements

The approval of this document will be an action item on the May 15, 2009 meeting of the State EMS Advisory Board. Please review this document and be prepared to offer any edits, comments, additions and/or deletions to this document. Please see **Appendix B.**

f) Motion Form Revised

The Executive Committee has also revised the State EMS Advisory Board Motion Form. The major changes include:

Delineate whether the Motion is from a Standing Committee or Individual
Identify if the Motion supports a Core Strategy or Key Strategic Initiative of the State EMS Plan
To re-emphasize and record if there is a Minority Opinion on the motion being presented.

This form is included as **Appendix C.**

g) Workgroup to evaluate EMS Agency Inspection Process

The Office of EMS is forming a workgroup to examine alternative methods and procedures related to the inspection and licensure/re-licensure of EMS agencies and permitting of EMS vehicles.

Fluctuating fuel prices, increased demand for technical service requests, complex investigations, etc. have prompted OEMS to look at alternate methods and procedures for doing business. In addition, this review will allow OEMS to determine if current practices afford the best work efficiencies possible.

The workgroup will be comprised of OEMS staff along with representatives from the commercial EMS providers, VAGEMSA/fire service, VAVRS, and a member of the state EMS Advisory Board. A charter for the workgroup defining the purpose and scope of work has been completed and final recommendations will be submitted to OEMS by the end of February 2010.

h) On-line EMS Medical Director Training Course

The Virginia Chapter of the American College of Emergency Physicians (VACEP) in cooperation with the Virginia Office of EMS (OEMS) has made arrangements to offer an on-line EMS Medical Director training program. This course satisfies the training component of the EMS regulatory requirements for initial endorsement as an EMS agency operational medical director (OMD) or an EMS training program physician course director (PCD). Funding for this course is made possible by a grant from the Rescue Squad Assistance Fund (RSAF) program.

This course is an entry level introduction to the essentials of EMS medical oversight and direction. The materials were adapted from the National Highway Traffic Safety

Administration's (NHTSA) "Guide for Preparing Medical Directors" which had previously been completed by the National Association of EMS Physicians (NAEMSP™) and the American College of Emergency Physicians (ACEP) with funding support from NHTSA and the Health Resources and Services Administration (HRSA).

This web-based program was produced by the Critical Illness and Trauma Foundation in collaboration with the NAEMSP™, the National Association of State EMS **Officials**, and

Montana State University's - Burns Technology Center**.** Funding support to prepare these web-bases materials was received from HRSA and NHTSA**.**

Course address: www.medicaldirectoronline.org

Each physician is required to register to use the site. The individual needs to remember their ID and password. This will ensure that if a physician needs to leave the site, they can return and finish the course.

Individual physicians registering to use this site do not need to provide credit card information for payment because VACEP has purchased an annual contract that allow physicians to attend free of charge. Once a physician registers to use the site the program will know if the individual is from a state that has pre-paid for their attendance.

Each physician is required to complete an evaluation form before the program will allow them to print a certificate of completion. This certificate is for completion of the core course only. This course also includes a state specific module containing material that outlines what a physician needs to complete to be endorsed as an EMS Physician in Virginia.

There are 12 CME's offered for this course. The length of time to finish the course from start to finish is approximately 4 to 6 hours.

If you should have any questions or technical difficulties with the course please contact: Teri Sanddal at phone: 406-585.2659 or Email: tsanddal@citmt.org or the Office of EMS at 1-800-523-6019.

i) State EMS Plan

§32.1-111.3 of the *Code of Virginia* requires the development of a comprehensive, coordinated, statewide emergency medical services plan (The Plan) by the Virginia Office of EMS (OEMS). The objectives of the plan shall include, but not be limited to the seventeen objectives outlined in §32.1-111.3. (**See Appendix D**)

The Board of Health (BOH) must review, update, and publish the plan triennially, making such revisions as may be necessary to improve the effectiveness and efficiency of the Commonwealth's emergency care system. The plan was last approved by the BOH in October 2007.

During the April 13, 2009 meeting of the Executive Committee of the state EMS Advisory Board a tentative timeline was developed to review and update the state plan (**See Appendix E**). The Chair of the state EMS Advisory Board has assigned the responsibility of updating the state EMS plan to the Finance, Legislation and Planning (FL&P) committee. Following the timeline established by the Executive Committee, an updated state EMS plan will be presented to the BOH in October 2010.

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

The RSAF grant deadline for the Spring 2009 cycle was March 16, 2009, OEMS received 111 grant applications requesting $5,165,053.64 in funding. The following agency categories requested funding for the March 2009 grant cycle:

- 72 Volunteer Agencies requesting $3,286,069.00
- 30 Government Agencies requesting $1,536,763.00
- 9 Non-Profit Agencies requesting $342,221.00

The following regional areas requested funding in the following amounts:

- Blue Ridge EMS Council – 11 agencies requesting funding of $673,325.00
- Central Shenandoah EMS Council – 8 agencies requesting funding of $297,249.00
- Lord Fairfax EMS Council – 6 agencies requesting funding of $166,181.00
- Northern Virginia EMS Council – 2 agencies requesting funding of $126,120.00
- Old Dominion EMS Alliance – 19 agencies requesting funding of $1,076,209.00
- Peninsulas EMS Council – 4 agencies requesting funding of $146,895.00
- Rappahannock EMS Council – 4 agencies requesting funding of $196,136.00
- Southwestern Virginia EMS Council – 25 agencies requesting funding of $1,198,550.00
- Thomas Jefferson EMS Council – 3 agencies requesting funding of $140,345.00
- Tidewater EMS Council – 9 agencies requesting funding of $478,577.00
- Western Virginia EMS Council – 19 agencies requesting funding of $743,907.00

Figure 1: Requested Amount by

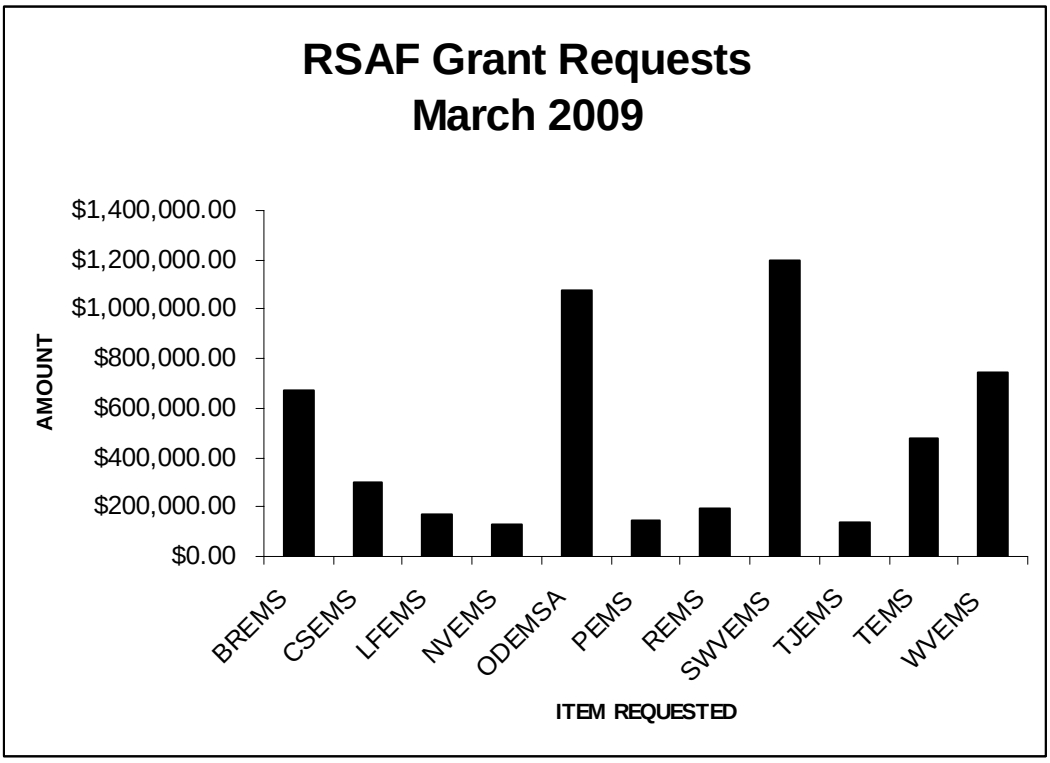
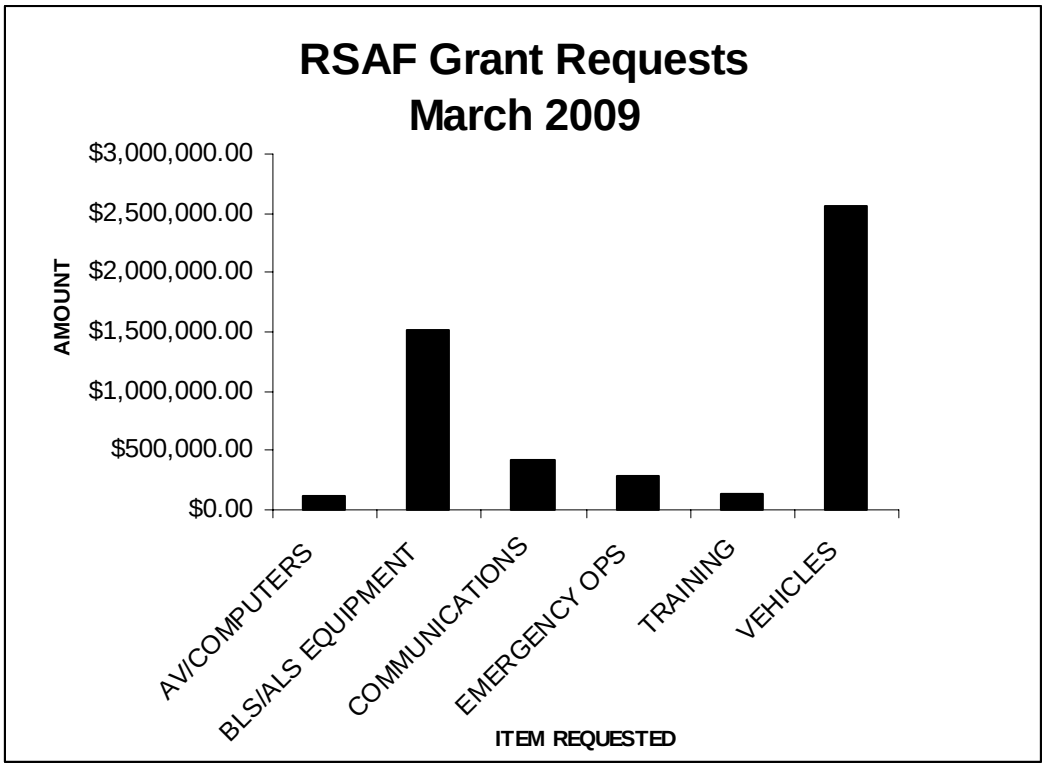


Figure 2: Requested by Item



- Audio Visual and Computers
  - Includes projectors, screens, computers and other audio visual equipment.

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

- Communications
  - Includes items for EMS dispatching, mobile/portable radios, pagers, and other communications system technology.

- Emergency Operations
  - Includes items such as Mass Casualty Incident (MCI) trailers and equipment, Disaster Medical Assistance Team (DMAT) equipment, extrication equipment, and Health and Medical Emergency Response Team (HMERT) vehicles and equipment. The Emergency Operations category also includes any other equipment or items needed in order to rapidly mobilize and dispatch help in emergency situations.

- Training
  - 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
  - Includes ambulances, quick response vehicles, all-terrain vehicles and tow vehicles.

The next RSAF Grant Awards Meeting will take place June 4-5, 2009 at the Richmond Marriott in Glenn Allen, Virginia. The next grant awards cycle will open August 1, 2009 and close September 15, 2009.

k) Grant Web Based Program

OEMS is continuing development of the web based program for the Financial Assistance for Emergency Medical Services Grant Program, known as RSAF. The business analyst has completed the project charter and project proposal as required by the Virginia Information Technology Agency (VITA) and is awaiting review. This grant management system will consolidate all grant application information, grant review data and necessary reports into one database that can be accessed via the internet. The Business Analyst has met with the Virginia Department of Health (VDH) – Office of Information Management (OIM) to discuss utilizing an off-the-shelf software program vs. developing the system internally. The Business Analyst is planning on holding Joint Application Development (JAD) sessions in regional areas during the beginning of 2009 in order to gain user group input for the web development.

l) Federal Grants - Emergency Medical Services Registry (EMSR) Grant Programs

OEMS has solicited grant awards for the Department of Homeland Security (DHS) grant that was awarded to OEMS for 2007 and 2008 in the amount of $2,782,000.00. This project was awarded to OEMS to revamp the Pre-Hospital Patient Care Report (PPCR) to create a web-based electronic patient care reporting system. The grants will provide ToughBook notebooks to eligible EMS agencies for patient transport vehicles, the equipment will contain imaging with the OEMS selected vendor software. This equipment will assist EMS agencies in electronically transferring their PPCR data to OEMS to ensure compliance.

The grant solicitation opened April 1, 2009 and will end on June 1, 2009. Each eligible agency may apply for a ToughBook notebook for each patient-transport vehicle as outlined on the OEMS grant application. Each application must be submitted through the city or county per DHS guidelines and each awarded city or county must submit an invoice to the Virginia Department of Emergency Management (VDEM) as the State Agency Administrator (SAA) for reimbursement.

Grant application information is available on the OEMS website at www.vdh.virginia.gov/oems inside the Alert Box or for more information you can contact Amanda Davis at 804-864-7611 or Amanda.Davis@vdh.virginia.gov.

Division of Educational Development

II. Division of Educational Development

Committees

A. **The Professional Development Committee** (PDC): The committee met on April 8, 2009. Copies of past minutes are available from the Office of EMS web page at http://www.vdh.virginia.gov/OEMS/Training/Committees.htm

1. Action Items:
    a. The PDC unanimously approved the following motion: *"That we have a proven EMT-Intermediate to Paramedic Bridge Program in Virginia and PDC endorses this course as the way to transition in the future and does not support the proposed National Registry of EMT's (NREMT) Transition program."*
    b. The PDC unanimously approved all recommended changes to the Training Program Administration Manual (TPAM) with the exception of T-145 that was withdrawn.
2. The next meeting of the PDC is scheduled for Wednesday, July 8, 2009

B. **The Medical Direction Committee (MDC)** met on April 9, 2009. Copies of past minutes are available from the Office of EMS web page at http://www.vdh.virginia.gov/OEMS/Training/Committees.asp

1. The Medical Direction Committee (MDC) will be completing the review of the Virginia Procedures and Formulary documents at their next meeting for submission to the state EMS Advisory Board.

Advanced Life Support Programs

A. An ALS-Coordinator's Meeting will be held on July 10th in Roanoke at the Jefferson College of Health Sciences.

B. There will also be an ALS-Coordinator's Seminar (Administrative Program) held on July 11th in Roanoke for ALS-Coordinator candidates who wish to become ALS-Coordinators. There are presently 56 candidates invited to the program.

Basic Life Support Program

B. EMT Instructor Institutes

1. Twenty-three (23) candidates attended the Instructor Institute in the Tidewater area January 24-28, 2009. Twenty-two (22) successfully completed the Institute. The other candidate received conditional Instructor Status and has begun teaching with another Instructor to earn full Instructor certification.

2. Sixteen (16) Instructor Candidates attended a Practical Exam on Saturday, April 11, 2009 in the Tidewater EMS Council Area. Fourteen successfully passed the exam. The Office took this opportunity to Pilot the New BLS Practical Exam processes, forms and stations again. The Pilot was a success and we received positive comments from both the evaluators and candidates.

3. Nineteen (19) Instructor Candidates have been invited to the Instructor Institute held in conjunction with the VAVRS Rescue College at Virginia Tech June 13-17, 2009.

4. All three Instructors who received conditional certification from the September 2008 Institute have completed his requirements and received full EMT-Instructor Certification.

5. The next Instructor Practical is scheduled for August, 2009. The Office will again pilot the new practical exam at this test site. The deadline to take the written instructor pre-test is June 13, 2009.

6. The final Instructor Institute for 2009 is scheduled for October 10-14, 2009 and will be held in the Winchester area.

7. Important Instructor Institute dates/deadlines are posted on the web at: http://www.vdh.virginia.gov/OEMS/Training/BLS_InstructorSchedule.htm

C. EMS Instructor Updates:

1. In response to the current budget situation the Division of Educational Development will pilot an Online EMS Instructor Update to allow Instructors/ALS-C/Emergency Operations Instructors (EOI's) to complete their required Update in early May 2009. If the Pilot is successful we plan to offer them monthly.

2. The Div. of Educational Development has also scheduled a few in-person updates for 2009: June 13, in Blacksburg; September 26 at VAVRS Convention in Virginia Beach; October 10, in Winchester; and November 14 at the EMS Symposium in Norfolk.

3. Because implementation of alternative presentation methods has been delayed, the Office has extended the Instructor Certification dates expiring between January and June of 2009 until July 31, 2009 to allow more time to complete the implementation process. Important information is posted on the web at: http://www.vdh.virginia.gov/OEMS/Training/EMS_InstructorSchedule.htm

D. New BLS Practical Exam

1. The new BLS Practical exam was piloted at the EMT Instructor Practical Exam on April 11, 2009. An extensive pilot using 70 High School EMT Students took place on May 2nd. The fourth and final pilot is planned for the EMT Instructor Practical scheduled for August 1, 2009

2. The May 20 EMSAT Broadcast presents information about the new EMT practical testing stations .

3. An implementation timeline has been completed, which included training all Certification Examiners and EMS Program Representatives on May 19, 20 & 21st, 2009. The Regional EMS Councils will be given a training program to begin retraining their evaluators between June 1 and August 31, 2009. The new BLS Practical will go into effect on September 1, 2009. A transition plan has been developed to allow those who need to retest under the old practical to do so until December 1, 2009.

4. All information regarding the new BLS Practical Exam can be found on the DED website: http://www.vdh.virginia.gov/OEMS/Training/Practical_Exam.htm . All documents and updates will be posted on this site.

EMS Training Funds

a. As of March 27th, the EMSTF program reached its contracting threshold of $3 million. The Office is no longer accepting or approving EMSTF contracts for the remainder of the fiscal year. New contracts will be available beginning sometime in late May or early June 2009 for FY10.

Year to date statistics for the program for FY09 are listed below:

	Commit $	Payment $	Balance $
Fiscal Year 2009	$3,060,778.50	$1,174,072.74	$1,886,705.76
40 BLS Initial Course Funding	$799,752.00	$454,253.37	$345,498.63
43 BLS CE Course Funding	$113,400.00	$44,511.27	$68,888.73
44 ALS CE Course Funding	$304,080.00	$67,726.50	$236,353.50
45 BLS Auxiliary Program	$68,000.00	$13,360.00	$54,640.00
46 ALS Auxiliary Program	$852,000.00	$121,002.25	$730,997.75
49 ALS Initial Course Funding	$923,546.50	$473,219.35	$450,327.15
(Not Categorized)	$0.00	$0.00	$0.00

b. A disturbing trend has started with the EMSTF program. Recently, there have been a number of reports which have come into the Office from across the state regarding the actions of a few EMT-Instructors.

The Problem

There are several Instructors/Coordinators who are not pleased with the contract requirement that *"...Students must be affiliated with a Virginia licensed EMS agency at the time they become certified in order for the Contractor to be eligible to receive payment for said student."* In an effort to ensure full payout on their EMS Training Funds contract, said instructors are advising all candidates attending their course to list an EMS agency affiliation on their certification examination forms. In some cases, these individuals are not affiliated with a licensed EMS agency.

The actions are misleading and deceitful and considered by the Office of EMS to constitute falsification of records. The Office will submit all alleged violations to the Manager of Regulation and Compliance for a formal investigation.

As a contractor in the EMS Training Funds program, each instructor signs a contract which is a legally binding document. In that contract there is a provision in Section V.B.3 which reads in part:

"This Contract may be terminated for cause by the Purchasing Agency. For purposes of this paragraph, "for cause" includes violating the terms of this Contract, the submission of falsified records to the Purchasing Agency, or the distortion, forgery or misrepresentation of information to the Purchasing Agency, EMS Providers or students. Termination for cause may result in the Purchasing Agency refusing to entertain contracts from Contractor for a period of five (5) years. If the submission of falsified records or the distortion, forgery or misrepresentation of information is discovered after disbursement of funds, Contractor must return all funds disbursed. Nothing in this section shall be construed to prohibit the Purchasing Agency from taking legal action against the Contractor."

The Office of EMS takes seriously its responsibility for managing all monies under its budgetary control...this includes the EMS Training Funds program. The goal of the EMSTF program is to supplement instructors for the time, effort and equipment needed in order to conduct EMS training programs across the Commonwealth. This outcomes based program has an excellent track record and has been extremely successful in assisting with the overall recruitment and retention of EMS providers across the state.

Accreditation

- The accreditation program is starting to see a lot more activity now that we have reached the point where sites are beginning to go through reaccreditation.

- The Center for EMS, Inc. in Portsmouth and Rappahannock EMS Council in Fredericksburg have applied for and received state paramedic accreditation. The UVa Prehospital program, Center for Emergency Health Services, Inc., and Central Shenandoah EMS Council are all up for reaccreditation over the next 9 months.

EMSAT/Electronic CE

OEMS users make up the largest sub-group of the entire TRAINVirginia System in Virginia. The Office has seen a 259% growth rate from 2007 through 2008 for TRAINVirginia.

TRAINVirginia*	2008	2007
Total System Users:	17891	12032
EMS Users:	5373	2071
VDH Users:	4097	3728
Total Volunteer Users:	2419	850
MRC Users:	588	-
Active Course Providers:	137	-

*These numbers may include some duplicate accounts.

- Four new EMSAT programs have been uploaded to TRAIN Virginia and are available for CE credit.
- DED Video Staff worked with OEMS Program Staff, Virginia State Police, Woodstock Police Department, Shenandoah County Fire and Rescue and Woodstock Volunteer Rescue Squad to produce a program on "Tasers and Pepper Spray Use" that was the topic of the March 18 EMSAT broadcast.
- EMSAT programs for the next three months include:

1 May 20: The New EMT Practical Testing Stations
2. June 17: On Scene Challenge 16: Medical Emergencies
3 July 15: Infection Control 2009

Other Activities

- The Division attended the Virginia Fire Chief's Association Expo on February 19 and 20. OEMS staff participated in a panel discussion with the Department of Defense Fire component and held two (2) sessions discussing the direction and impact national educational agendas and initiatives has on Virginia as well as how OEMS is addressing these issues.
- The Office continues to participate with the Atlantic EMS Council to develop and conduct an EMS practice analysis for the member states. 2008 EMS symposium attendees were randomly selected to participate in this activity. A "beta" pilot was conducted during March 2009. The office has requested multiple EMS providers from across the state to participate with the "beta" survey. In some cases, Regional EMS Councils assisted in selection of individuals to participate in the pilot. Out of the 17 Virginia EMS provider invites confirmed, only 6 participated. We anticipate sending the practice analysis survey to about 750 randomly selected EMS providers in Virginia by late spring to early summer. This project will be completed late summer to early autumn.
- The Atlantic EMS Training Coordinators held a quarterly meeting on March 4th through 6th.
- The Division met on Friday March 13th for a planning session to discuss and outline a plan to address changes in EMS for the next 5 years. These new program initiatives will be presented to the state EMS Advisory Board for discussion and incorporated into the state EMS plan.
- A new EMS Instructor Web portal has been established providing Instructors with greater access to course and candidate information.
- Initiative 2009 – DED staff recently reviewed the activities of the work unit over the past five (5) years. The Division used a concept paper developed and presented to the state EMS Advisory Board in 2004 entitled "Initiative 2009" to measure its progress toward completing certain identified educational and training initiatives necessary to assure the continued growth of Virginia's EMS system. See **Appendix F**.

Emergency Operations

III. Emergency Operations

Operations

- **H1N1 Virus Outbreak**

The Emergency Operations Manager has been appointed as the EMS Branch Director for the Incident Command Structure set up by the Virginia Department of Health to monitor and work on preparation and response activities to the H1N1 virus in Virginia. Working with the Emergency Operations Division Assistant Manager and the OEMS Director, the staff has participated in the morning and evening conference calls, has assisted in the evaluation of resources being produced for information to EMS personnel and Public Safety Answering Points (PSAPs), assuring that appropriate information is shared with Virginia EMS providers. They have also produced a research survey to help identify the status of Personal Protective Equipment availability and training.

- **Virginia Fire Chief's Conference**

The Emergency Operations Division represented the Office of EMS at the Virginia Fire Chief's Conference on February 18-21, 2009. The Emergency Operations Manager and HMERT Coordinator staffed the OEMS booth during exhibit hall hours.

- **VEMA Conference**

On April 1, 2009 Winnie Pennington, Emergency Operations Planner, along with Ken Crumpler, Communications Coordinator, attended the VEMA Conference in Hampton, Virginia. Winnie and Ken manned the OEMS booth in vendor hall and fielded questions by visitors to the display.

- **Massage Therapy**

Frank Cheatham, HMERT Coordinator met with members of the Administrative staff of the Edgar Caycee School to conduct a presentation on the HMERT Massage Therapy concept and discuss the potential of school members and graduates participating in the program.

- **NDMS Conference**

Frank Cheatham, Emergency Operations HMERT Coordinator traveled to Dallas, Texas on April 3-8, 2009. While at the conference Frank attended classes focusing on emergency management and disaster response.

- **Virginia 1 DMAT**

The Emergency Operations Manager continues to attend the VA-1 DMAT leadership meetings. He and the HMERT also attend the regular monthly membership meetings. They also completed the new NDMS credentialing requirements

- **Guidance Document Rewrite**

The HMERT Coordinator has continued to work on rewriting Guidance Documents to meet the changing needs of the system as well as reflect the new structure. The Emergency Planner has assisted in the review process as well.

Planning

- **OEMS COOP/Business Recovery Plan**

The Emergency Planner and the OEMS COOP Committee have continued to meet this quarter to work toward finalizing a plan to protect the OEMS critical functions during emergencies. This plan will assist staff with identifying essential tasks and key staff and their jobs for when business continuity is compromised. It will become an annex of the VDH COOP.

- **VERTEX Pre-exercise Discussions**

On March 23, 2009, Winnie Pennington, Emergency Planner attended a meeting to discuss the VERTEX exercise. Also in attendance representing ESF-8 were Dr. Levine, Deputy Commissioner; Mr. Mauskapf, EP&R, Chief Planner; Dr. Helentjaris, Interim Director of Epidemiology; Dr. Bush, Chief Medical Examiner; Ms. Hardin, Planner, OCME; and Mr. Foldesi, Radiological Health.

- **ICS-400**

The Emergency Operations Planner completed an ICS-400 Training conducted by the Virginia Department of Emergency Management

- **EP&R Summit**

On March 25, 2009 the OEMS Emergency Planner attended a summit featuring briefings and best practices reviews sponsored by EP&R.

Committees/Meetings

- **Atlantic EMS Council Conference Call**

On March 9, 2009 the Emergency Operations Manager, HMERT Coordinator, Division of Education and Development Manager, OEMS Assistant Director, and OEMS Director, participated in a conference call with members of the Atlantic EMS Council. Discussions during this phone conference included State reports, Federal reports, an update on the EMT test generator, discussions on state domestic preparedness, and discussions regarding MOUs between states.

- **VAVRS Instructor Update**

The Emergency Operations Manager and HMERT Coordinator attended the Annual VAVRS Instructor Update on March 7, 2009.

- **Boy Scout Jamboree**

The Emergency Operations Manager and HMERT Coordinator attended a planning meeting for the 2010 Boy Scout Jamboree on February 18, 2009.

- **NCR Meta-Leadership Training**

On February 22-24, 2009, Winnie Pennington attended leadership model training for public health sponsored by Department of Veteran Affairs, Arlington, VA. The conference was designed to assist attendees in managing diverse partner agencies during emergencies and identifying leaders in those agencies to form coalitions to lead through challenging events.

- **EMS Emergency Management Meeting**

Members of the Division of Emergency Operations, including the Manager, HMERT Coordinator, and Emergency Planner attended the EMS Emergency Management meeting on April 2, 2009.

- **Sprint Meeting**

Members of the Division of Emergency Operations participated in a meeting with Sprint Wireless to department equipment needs for OEMS.

- **Meeting with Rich Rhodes, NDMS Coordinator for region including portions of VA**

On February 26, 2009 the Emergency Operations Planner and other Emergency Operations Division employees met with Mr. Rhodes to discuss his vision for NDMS in this region and to learn about the Virginia EMS patient transport system.

- **Hurricane Evacuation Committee**

On March 27, 2009, the HMERT Coordinator attended the Hurricane Evacuation Committee on Lane Reversal.

- **EP&R Team Meetings**

The Emergency Planner continues to represent the Office of EMS at the monthly EP&R Team meetings.

- **EMS Communications Committee**

The EMS Communications Committee held its quarterly meeting on February 13, 2009 in Richmond at the Richmond Marriott West in conjunction with the State EMS Advisory Board meeting. Discussion included OEMS PSAP Accreditation for James City Co. and Botetourt Co. 9-1-1 Centers. These were presented to the Communications Committee and passed and then presented to the State EMS Advisory Board and passed. The committee also agreed to an updated standard for the PSAP Accreditation (See below). The committee welcomed a new member-at-large, Mr. Paul Hoppes, retired communications engineer from VITA Public Safety. Mr. Hoppes has an extensive background in radio/wireless engineering and public safety communications.

Training

- **March Medical Madness**

On March 14, 2009 the Jim Nogle, Emergency Operations Manager, and Frank Cheatham, HMERT Coordinator, conducted two Mass Casualty Incident Management training programs during the annual March Medical Madness. The training provided an opportunity for students to practice their knowledge of managing mass casualty incidents.

- **Vehicle Rescue Program**

The Division of Emergency Operations sponsored a Vehicle Rescue Program course in Troutville Virginia the weekend of April 25-26, 2009. The course is based on the new curriculum and was attended by 16 students.

- **HMERT Training**

The HMERT Coordinator held classes with HMERT Task Force Crater 6 to train new members and present the new structure of the HMERT system to team members.

Communications

- **Statewide Agencies Radio System/User Agency Review Committee (STARS/UARC)**

Ken Crumpler represented OEMS at the STARS/UARC meeting on February 4, 2009 at the Virginia State Police Headquarters. As of March 4, 2009, the Office of EMS determined it would not install any further STARS radio equipment in OEMS vehicles, freeing the equipment for use by other VDH offices and divisions having no pre-existing vehicular communication capabilities.

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

Ken Crumpler presented the OEMS PSAP Accreditation to the Botetourt Co. 9-1-1 Center on March 12, 2009 and to James City Co. 9-1-1 on March 24, 2009. Reaccreditation was presented to Amherst Co. 9-1-1 on March 12, 2009 and to Danville 9-1-1 on March 23, 2009. The EMS Advisory Board Communication Committee approved updating the parameters for accreditation to include "*Emergency Medical Dispatchers must be trained and certified by an OEMS recognized emergency dispatch training organization meeting or exceeding standards established by the National Highway Traffic Safety Administration (NHTSA) and accepted and recognized by the American Society for Testing Materials (ASTM). Examples of approved systems include, but are not limited to, programs offered by the Association of Public Safety Communications Officers, International (APCO), Powerphone®, Priority Dispatch® or National Emergency Communications Institute®.",* at the last communications committee meeting on February 13, 2009.

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

Ken Crumpler represented the Office of EMS at the State Interoperability Executive Committee Meeting on March 5, 2009 in Hanover County. Mr.Crumpler is a member of the Operations Sub-Committee and attends the Regional Planning Action Committee Meetings.

S.T.A.R.T (Simple Triage and Rapid Treatment) versus S.A.L.T (Sort, Assess, Life Saving Interventions, Treatment/Transport)

A push for a national triage standard is being spearheaded by a group pulled together to review triage standards and create a new standard. This national standard, known by the acronym S.A.L.T. (Sort, Assess, Life Saving Interventions, Treat/Transport) is designed to replace any triage system currently in use by emergency medical systems. As, providers in the Commonwealth already use a standardized system (S.T.A.R.T. – Simple Triage and Rapid Treatment), Division of Emergency Operations staff have created a presentation highlighting the pros and cons of the current system and of the S.A.L.T . Please see **Appendix G.**

Critical Incident Stress Management

An Ad-Hoc Committee was created by the EMS Governor's Advisory Board to review the current Office of EMS CISM program and make recommendations about the structure, training, and techniques used by the program. After conducting surveys and reviewing the current program structure, the ad-hoc committee drafted a position paper for consideration by the EMS Advisory Board. The position is to restructure the OEMS CISM Program to take a broader approach to crisis management. The position paper and it's associated motion can be found in **Appendix H.**

Public Information and Education

IV. Public Information and Education

Symposium

All classes have been confirmed for the 2009 Symposium. The pre-conference brochure was completed and posted to the OEMS Web page. It was also advertised through the blog, Facebook, Twitter and MySpace pages.

PI&E created a new sponsor packet that solicits sponsorships for Symposium, and for general partnerships with the Office of EMS. PI&E has been working to secure sponsorships for symposium. Requests have been sent to all previous sponsors, vendors and new potential sponsors. A meeting with Diversified Ambulance Billing was held to talk about our appreciation for their past sponsorships and to discuss continuing that partnership. Meetings like this one will continue to be held with other top sponsors and potential sponsors.

Production of the catalog is underway. It is scheduled to be released mid-July. Registration will open on-line August 1st. PI&E will work closely with the Web designer to produce a new user-friendly registration page.

Governor's Awards

Many of the EMS councils will be or have already held their awards programs. PI&E worked to ensure that a representative from OEMS attends each banquet. Also, PI&E let the councils know that there is a change to how they submit their nominations. Each council will send their nominations on disc. The information will be combined and sent out on disc to the awards selection committee. This will help reduce paper and shipping costs.

The members of the awards selection committee have been confirmed, and are set to meet on August 21st.

Michael Perry, who is a humorist, novelist and EMS provider has been selected as the keynote speaker for the banquet. For more information on Michael Perry visit www.sneezingcow.com.

Conference & Event Participations

PI&E facilitated OEMS participation as vendors at the Virginia Emergency Management Conference. Emergency operations staff were on hand to staff the OEMS booth and provide information and resources to participants. Also, PI&E provided materials and the booth for the vendor area at the Continuing Concepts in Pre-Hospital Medicine conference.

Marketing & Promotion

a. *EMS Bulletin* – The Winter and Spring Bulletins have gone out through our online networks and were posted on the Web site. These provided valuable information and news, and one of the features "Where's Little Gary," has gained popularity. Two winners were randomly selected from over 100 people who sent in the location of Little Gary.

b. OEMS New Media – The new media outlets continue to grow and receive positive feedback. PI&E has used these outlets to get input from providers, share news and information and allow providers to network and talk with each other. A Twitter site was started and is growing rapidly for the number of followers. PI&E updates the Twitter site during GAB committee meetings to give followers a chance to see what goes on during these meetings and to become more activie participants in the Virginia EMS community.

c. Continuing Concepts in Pre-Hospital Medicine Conference – PI&E helped to promote this conference and increase attendance by posting information on the OEMS Web page, Facebook and other new media resources.

d. EMS Week – The 2009 EMS Week kits have been disseminated and this year they included a letter and flier on infant mortality prevention. These fliers are easily copied and distributed by agencies to their communities. Also, PI&E has been assisting in the EMS Memorial Bike ride plans and promotion. Special notices are going out to EMS providers and agencies about the memorial and the importance of attending or recognizing the event.

e. National EMS for Children Day – PI&E is working with the EMSC Coordinator to help promote this day. A press release will be sent to Virginia media outlets on injury prevention for children with a focus on summer events (i.e. swimming and biking).

Media Relations

The Office of EMS had answered media inquiries from the Washington Post on Medevac services in Virginia, Tim Perkins EMS Systems Planner provided her more insight about the general overview of air medical services in Virginia.

PI&E distributed two press releases promoting two new accredited PSAPs (Botetourt and James City County). There were several publications and WSET-TV 13, Lynchburg talked with Ken Crumpler, Communications Coordinator on the accreditation program. The positive stories about the accreditation program help to educate the public about the importance of emergency medical dispatch.

A press release was also sent to state-wide media regarding National Poison Prevention Week. This release highlighted the poison prevention centers in Virginia and how their work can prevent a visit to the ER, hospitalization and save money. It also included tips for poison prevention.

PI&E facilitated the media contact between Michael Berg and Sally Voth from the Northern Virginia Daily, on the on the Shenandoah County Board of Supervisors dissolving the Strasburg Rescue Squad due to response issues.

PI&E also responded to an inquiry about the lack of ALS providers at night for the Fredericksburg Freelance Star.

VDH Communications

a. *Swine flu* - The response to the swine flu outbreak has been extensive for the communications team. As the OEMS representative to this team, PI&E has been working on providing timely information on the outbreak to EMS providers, agencies, fire departments, the Regional EMS councils, key EMS groups like VAVRS and VAGEMSA. PI&E has been working on talking points, question and answer documents, handling assigned media calls, managing media alerts and more. PI&E is also working closely with the communications team to keep them informed of the measures that are being taken to effectively communicate news and updates to the EMS community. PI&E staff is also working as the communications liaison for the public inquiry center and providing communications support as needed for the communications team. As this situation continues, PI&E staff will continue to work on this event.
b. *Measles* – The PI&E staff supported the communications team with the response to the measles case in Prince William County. PI&E staff sent out information to the EMS Community in the area about this case.

c. *VCU presentation* – on behalf of the VDH Communications team PI&E staff conducted a presentation to MPH students on communications in public health. This discussed media relations, marketing, crisis communications and more.
d. *VDH Web site* – PI&E has been working closely with the VDH Web designer on a new layout for the VDH Web site. PI&E is compiling focus group data and reviewing recommendations and issues that may lead to a revision of the new design.
e. *Communications team plan* – A five year plan was created during a communications team exercise and PI&E will be working with two other team members on developing an agency communications toolkit, creating an effectively working with new media plan and effectively working with partners plan.
f. The PI&E Coordinator continues to collect updates and information on OEMS projects and programs to include in the report to the Secretary and the weekly e-mail from the Commissioner.

PI&E Staffing

In December of 2008, the PI&E assistant, Brianne Slattery left the office to return to school full time. We received approval to hire the vacant position in March. OEMS HR and PI&E are reviewing applicants and interviews will happen soon.

Regional Coordination and Planning

V. Regional Coordination and Planning

Regional EMS Councils

The Regional EMS Councils have just completed submitting their third quarter FY09 deliverables for review and evaluation by OEMS staff at the end of April. Development of the 2010 Fiscal Year budgets took place in February and March and were distributed to the Regional EMS Council Directors, and are currently being reviewed by OEMS staff.

A two day retreat was held in February in Lynchburg with Regional EMS Council Directors, Board Members, and the EMS Systems Planner to evaluate the current service contract between OEMS and the Regional EMS Councils. Several recommendations were made that may be implemented in either the FY10 or FY11 contracts.

Regional Coordination/Process Action Team

As was reported at the previous EMS Advisory Board meetings, a Process Action Team (PAT) has been created to evaluate the existing designated regional service areas, and recommend the most effective and efficient arrangement of regional service areas, based on numerous national and state criteria, considerations and attributes.

This PAT is comprised of representatives of the entities that comprise the EMS system in the Commonwealth of Virginia. The charter of the PAT, as well as its membership can be found on the Regional Coordination page of the OEMS Web site at http://www.vdh.virginia.gov/OEMS/RegionalCoordination/index.htm

In March of 2008, language was written into the Budget Bill which states: "Notwithstanding any other provision of law or regulations, the Board shall not modify the geographic 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." This budget bill language was adopted by the General Assembly of Virginia.

The PAT chair anticipates holding meetings in the near future. All PAT meeting minutes are available on the "Regional Coordination" page of the OEMS Website.

FLEX Projects

OEMS has again partnered with the Office of Minority Health and Public Health Policy (OMHPHP) on projects to conduct evaluations of the EMS System capabilities in the areas surrounding three (3) Critical Access Hospitals (CAH): Page Memorial Hospital in Luray, Shenandoah Memorial Hospital in Woodstock, and Dickenson Memorial Hospital in Clintwood. Site visits were conducted in both Page County and Shenandoah County this quarter, including visits to both CAH facilities in those counties. The Final Reports for Dickenson, Page, and Shenandoah are complete, and a formal presentation on all six system evaluations was performed by OEMS at the Rural Health Summit in Abingdon in March.

Visit the Office of EMS Web site at http://www.vdh.virginia.gov/OEMS/Locality_Resources/index.htm to view and download copies of these and other reports on the CAH/EMS studies.

Medevac Program

The Safety and Utilization workgroups of the Medevac committee have been working very hard on individual projects since the last EMS Advisory Board meeting. The safety subgroup has been working to implement a weather turn down program called WeatherSafe, a computer based program built into WebEOC, which will show all medevac services in Virginia, and the missions that they have turned down, and the reasons for that decision. This is intended to discourage neighboring medevac services from accepting missions that had been turned down by other services due to adverse weather conditions. This program will also allow services and facilities to input information that may affect flight patterns, such as construction at hospitals. The medevac services are also working collaboratively to utilize one common statewide radio frequency for medevac operations.

The Utilization workgroup – also known as “Project Synergy” – have been evaluating Helicopter EMS (HEMS) service in Virginia. They have begun by looking at patients transported to hospitals via medevac that had a length of stay of 24 hours or less. They are looking at why those patients were transported by air versus ground, as well as developing a standard means of reporting medevac resource utilization information. This information was presented to the Trauma System Oversight and Management Committee in March, as well as the Medical Direction Committee in April. Project Synergy is also working with the individual medevac services in providing standard education for EMS providers regarding the proper utilization of medevac services.

Both the Safety and Utilization workgroups will be making presentations at the 2009 Virginia EMS Symposium in November.

Two other work groups, who are addressing HEMS regulations, and well as HEMS communications, are beginning their work, and should be making progress on their respective tasks in the coming months.

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

Regulation and Compliance

VI. Regulation and Compliance

Compliance

The EMS Program Representatives have completed several investigations on EMS agencies and individuals during the first quarter of 2009. These investigations relate to issues concerning failure to submit quarterly prehospital patient care data, violation of EMS vehicle equipment and supply requirements, failure to secure medications and medication kits, failure to staff the ambulance with minimum personnel and individuals with felony convictions. The following is a summary of the Division's activities:

Enforcement

Citations Issued: 14 Providers: 6 Agencies: 6 for a total of 8

Compliance Cases

New Cases: 18 Cases closed: 15

Suspensions: 3

Revocations: 5

EMS Agency Inspections

Licensed EMS agencies: 694 Active Permitted EMS Vehicles: 3,981

Recertification: Agencies: 99 Vehicles: 636

New EMS agencies: 2

Spot Inspections: 65

Hearings *– none scheduled*

Variances

Approved: 50 Disapproved: 28 Note: Since 1993: Approved: 2,191 Denied: 653

Mileage

Total: 41,555 miles traveled Average per Program Representative: 5,194

Consolidated Test Sites
Scheduled: 42 Cancelled: 9

OMD/PCD Endorsements

Remaining for re-endorsement: 102 Training: 55 Paperwork only: 47

EMS Regulations

The Board of Health at their February 13, 2009 meeting approved the submitted draft proposed regulations for 12VAC5-31 (Emergency Medical Services) and for 12 VAC5-66 (Durable Do Not Resuscitate). Since this approval and while awaiting completion of the regulatory process prior to actual public hearings, staff has conducted numerous "informational sessions" for organizations and agencies with several more scheduled. These sessions allow discussion regarding the rationale and any additional suggestions regarding the proposed regulations prior to the actual public hearings.

Noteworthy Matters

1. Staff from the Regulations and Compliance Division met with representatives from Culpeper Rescue Squad and the Culpeper County of Emergency Services on March 24, 2009 to discuss and clarify any additional questions or concerns related to the completion of requirements outlined in the correction order issued to Culpeper Rescue Squad. OEMS was quick to compliment Culpeper County Rescue Squad for their prompt efforts to recruit and train new members as well as improve the leadership and internal management procedures of the organization. These efforts are a model for other EMS agencies to follow.
2. With the support of VDH executive management, the Regulation and Compliance Division now has a dedicated Adjudication Officer, Mr. Robert Swander. Staff is working with the attorney generals office along with VDH executive management to develop a more efficient process for conducting Administrative Informal Fact Finding proceedings.

Division Work Activity

1. Staff has participated in several local meetings and /or conferences to discuss local issues or provide technical assistance. The Division continues to offer invitations to EMS agencies and regional EMS Councils to provide seminars and/or open discussion forums regarding OEMS regulations or other program matters administered by the Division. Events included the Virginia Fire Chief Association Conference, ABC weekend in Lynchburg, Supervisor's Survival Training in Charlottesville in February, March Medical Madness in Fluvanna and the REMS Board of Directors meeting in March.

2. The Training and Regulation and Compliance Staff is close to completing an updated Consolidated Test Site Manual that addresses the new BLS practical examination procedures. An education and training program has been developed that will be conducted for over 35 test site examiners, OEMS staff and the regional EMS councils. This training will occur in May and the new testing process will be implemented on September 1, 2009.

3. Regulation and Compliance staff met with representatives from Stafford County Fire and Rescue Department to clarify their position by county ordinance issued in 2005 indicating that Stafford County Fire and Rescue Department is the only recognized Designated Emergency Response Agency (DERA) for Stafford County. Utilizing the Emergency Response Plan similar to that developed by the City of Virginia Beach Emergency Medical Services and approved by OEMS, Stafford County becomes the recognized 911 agency within the county and the remaining EMS agencies are "members" of the county Department.

4. Regulation and Compliance staff represented OEMS on a study to assess and evaluate the existing Fire and EMS services in Westmoreland County. The study was requested by the County through the Virginia Fire Services Board and members of the Department of Fire Programs also participated. A report was submitted to the Westmoreland Board of Supervisor's in March. Compliance staff will work with the Department of Fire Programs on another combined study approved by the Virginia Fire Service Board for King William County. Work is scheduled to begin on this project near the end of May, 2009.

5. At the request of Dr. Mark Levine, Deputy Health Commissioner, the OEMS Program Representatives are attending "regional VDH meetings" to include Emergency Preparedness and Response (EP&R) staff in order to improve communication and coordination of activities and management of resources. These meetings will also promote a better understanding of the respective roles and responsibilities of all VDH offices that fall under the Deputy Commissioner of Emergency Preparedness and Response.

Technical Assistance to Agencies and Localities

VII. Technical Assistance to Agencies and Localities

Workforce Development Committee

The Workforce Development Committee met on April 15, 2009. The committee is now under the guidance of the new chair, Chief James Gray. Chief Gray has been involved in Emergency services for over 25 years and is currently the fire chief of Hampton, Virginia.

A. Sub-Committee Reports:

1. Virginia Standards of Excellence

The workgroup charter:
"To recognize and promote EMS agencies that exceed the minimum state requirements and to coordinate specific technical assistance teams that will help local EMS agencies solve specific EMS systems issues."

Vision of the Virginia Standards of Excellence Accreditation Program Workgroup:

> Through the development, evangelism and nurturing of a suite of best practices, we will empower our peers to improve patient care and enhance our collective ability to engage our community in meaningful and substantive discussion about our avocation.

Mission of the Virginia Standards of Excellence Accreditation Program Workgroup:

> By developing the structure and material for and devoting attention to the implementation of a voluntary Virginia Standards of Excellence Accreditation Program, we will improve the delivery of pre-hospital EMS care in the Commonwealth through the establishment and promotion of best practices, the definition, review and recognition of successful EMS agencies and the development and growth of technical assistance teams to aid in the support of same.

Goals for the Virginia Standards of Excellence Accreditation Program Workgroup:

- Promote a path of accreditation that brings agencies in line with the industry-established standards of excellence (CAMTS, CAAS)
- Recognize the changing face of EMS, and fully leverage standards of excellence from outside the industry
- Recognize the differing service types and funding levels, and establish a tiered approach to "full" accreditation

- Develop organizational model for accreditation which minimizes personnel impact to OEMS, promotes the full participation of all stakeholders and encourages participation in the accreditation program
- Conduct research to establish and expand best practices in all subject areas related to EMS agencies
- Explicate and promulgate standards using research and best effort, to follow along path of tiered approach above

To address the various different and diverse Virginia EMS agency capabilities the committee has proposed tiered levels standards -

- Bronze Standard
- Silver Standard
- Gold Standard

Implementing this program will not be cheap. In fact the higher the goal (silver or gold) the more expensive it will be to reach it. The committee would like to take the staged approach – by establishing some pilot projects. The one key to funding this project is going to be the ability to obtain RSAF funding.

The committee has identified the following milestones:

1: Sub-committee to meet to review and update documents
2: Formulate Tier 1 standards (BLS and ALS)
3: Develop a short Power Point for the Chair to report on at May 2009 GAB (Dana to do)
4: Take document to Medical Control Committee
5: Committee to have Tier I completed within 90 days (July 15) – for presentation to August 2009 GAB
6: Committee to have completed the information on the administration and implementation on this project to present to GAB in November 2009.

2. Virginia EMS Leadership and Management Standards (Virginia EMS Officer Standards)

The project was started by developing standards by EMS officers. Much of the work was done by the comparison of EMS officers to fire officers. There are four levels, two of which are complete. The EMS Officer levels are: EMS Officer I (crew leader), EMS Officer II (Shift Supervisor), EMS Officer III (Administrative/Division Level and EMS Officer IV (Executive/Chief Level or EMS Agency Head).

The sub-committee will continue the work on the EMS officer III and IV. The work will then move to the next phase – to develop and/or identify training program that meet the learning objectives of each of the EMS Officer Level standard.

The next meeting will be held on July 8, 2009 at 10 AM at Tech Park.

Keeping the Best Courses

Prince William County volunteers hosted two "Keeping the Best!" courses during the first quarter of 2009. Additional courses are tentatively scheduled in Rocky Mount on June 20, in Norfolk on July 11, 2009 and Fredericksburg on August 22, 2009. More information will be available on the OEMS web site.

Rural Health Summit

A. Rural EMS Roundtable

Top Challenges for Rural EMS agencies in Virginia identified

Approximately 40 attendees participated in the Rural EMS Roundtable held on Wednesday afternoon, March 11 at the Southwest Virginia Higher Education Center in Abingdon, VA. The purpose of the rural EMS Roundtable is to identify common concerns in rural communities and discuss unique issues and challenges faced by rural EMS agencies in VA.

Gary Brown, Director and Scott Winston, Assistant Director of the Office of EMS identified the goals of the interactive roundtable discussion and the potential to identify strategies related to:

- What is the role of EMS in rural communities?
- Legislative initiatives and policies related to rural EMS issues
- Who is responsible for EMS in rural communities?
- Development of a rural EMS white paper detailing the parameters of rural EMS, and
- Recommendations to strengthen existing EMS structures in rural Virginia

A brief introduction to "The Rural and Frontier EMS Agenda for the Future" was presented and five working groups were formed to identify areas of need facing Virginia EMS agencies.

The issues from the five groups were then merged and prioritized to determine the most important issues. Below are the issues that were identified in order of priority:

Areas of Need Identified at the Rural EMS Roundtable

1. EMS Agency Leadership and Management
2. Local government Involvement/Accountability
3. Recruitment and Retention
4. Resource Management
5. EMS Medical Direction
5. EMS Dispatch
6. Quality of EMS Education and Training
7. Evidence Based Patient Care
8. Outcome Based Benchmarks
9. Initial EMS Education Courses

These unique issues and challenges faced by rural EMS agencies will be reviewed and additional meetings will be held to identify strategic initiatives and objectives to be included in the State EMS Plan.

B. EMS Budget Workshop

The EMS Budget Workshop was held on March 10, 2009 at the Southwest Virginia Higher Education Center in Abingdon, Virginia. There were 13 attendees at the workshop representing the leadership from five different licensed EMS agencies in Virginia, three regional EMS councils, and the Virginia Office of EMS. The focus of the workshop was to assist rural EMS agencies establish an annual budget.

C. EMS Budget Model Train the Trainer

A Budget Model Train the Trainer was held immediately following the Budget Model Workshop to assist participants identify tools, resources and tips that will help trainers be successful with this program.

On-Line EMS Recruitment Directory (VA EMS Jobs)

The Office of EMS (OEMS) is working with the Western Virginia EMS Council to update and replace the existing OEMS Online Recruitment Directory. The current Directory may be viewed on the OEMS Web site from the Recruitment and Retention page at https://www.rke.vaems.org/recruitment/

The new application's primary function is to allow employers to post job listings for their agency, allowing visitors to browse and search for job opportunities. Not only does the new application include a completely redesigned visual interface, the application is built with the latest technologies, to ensure a robust, reliable, and easily maintainable application.

The visitor interface primarily allows visitors to search and browse through posted job opportunities. In addition, visitors are encouraged to register with the application as this will allow them access to several new features, including the My Profile Tool and the Search Agent Tool. Registered users are provided with a username and password, allowing them easy access to the site in the future.

A. Search for Jobs

Visitors now have the ability to search for job opportunities using a number of different criteria:

- Name of employer
- City/County
- EMS region
- Keywords
- Salary Range
- Proximity

In addition to the typical search function, the application now allows visitors to search for job opportunities within a specified proximity (in miles) to their location which meet their specified criteria. Registered users also mark found job opportunities as a favorite, allowing them to easily locate it next time they login to the application.

B. Search Agent Tool

The search agent tool allows registered users to set a set of specified criteria to be searched on an ongoing basis. New job opportunities meeting the user's specified criteria are then emailed to the user on a nightly or weekly basis, thereby eliminating the need for the user to consistently login to check for new opportunities.

C. My Profile Tool

The My Profile tool allows registered users to post details about themselves for potential employers to search. This includes a resume upload function, allowing employers to then download the user's resume if they meet the search criteria they specified.

D. Maps by Microsoft® Virtual Earth™

The application features maps by the Virtual Earth™ map service. The map service allows visitors to see exactly where a career opportunity is located in addition to receiving turn by turn directions to the site. The map function is completely embedded within the new application, there by eliminating the need to link to an external site. The Virtual Earth™ service also allows for the search of job opportunities by proximity as mentioned above.

EMS Agency/Employer's Interface

Introduction

The employer's interface allows designated users (agency administrators) to login and post detailed information on their agency and any employment opportunities they wish to post, including:

- Name of employer
- Contact details (Email, phone, website, etc.)
- Starting Salary
- EMS region
- Description of the available position(s)

Employers have the ability set an expiration date for each posted job opportunity, there by causing the opportunity to no longer show up when searched or browsed by visitors after the expiration date. In addition, the site administrator can choose to attach documents for each entered job opportunity, and a set of keywords which can be searched by visitors.

Agency Moderator

In addition to the agency administrator role, the application now features an additional role which allows for a moderator. If an agency chooses to use a moderator, then new job opportunities are first sent to a moderator for approval before being posted to the application. Moderators can choose to be notified via email whenever a new job opportunity is posted by the agency administrator.

Browse & Search Posted Resumes

Agency administrators have the ability to search through registered users who have 'opted-in' and posted details regarding their job profile using the 'My Profile' tool. Agency Administrators can download posted resumes and contact information directly from the application.

Visit www.vaemsjobs.com. Upgrades and updates to this site have been completed and the site is currently being beta tested. For more information about this site, please contact emstechasst@vdh.virginia.gov. A May 2009 "go live" date is anticipated.

Trauma and Critical Care

VIII. Trauma and Critical Care

Emergency Medical Informatics

EMS Registry (upgrading PPCR)

OEMS is continuing to make progress in the area of upgrading its current Prehospital Patient Care Reporting (PPCR) program. The upgrade will include technical and dataset changes that are likely to affect all EMS agencies to some degree. The purpose of the PPCR upgrade is to modernize OEMS PPCR database and to move the entire Commonwealth to the national standards for EMS data collection, frequently referred to as being "NEMSIS" compliant.

A request for proposals was released on December 18, 2008 and closed on February 23, 2009 at 2:00 pm. Since this date OEMS has evaluated all proposals received and presented its findings to VDH Executive Management and the VDH Procurement Officer assigned to this RFP. From the submitted proposals top candidates were identified and contract negotiations will be held to determine which EMS software application vendor will be chosen. An announcement will be made once a signed contract with a vendor is secured.

Once a contract is awarded notice will be posted on eVA, Virginia's official procurement website, and the OEMS website. OEMS has a dedicated Webpage for the project that can be found at (http://www.vdh.virginia.gov/OEMS/Trauma/EMSRegistry.htm). A training and implementation plan will be developed with the vendor within the first 30 days of the contract being awarded and relevant information will be shared directly with the all EMS agencies. Implementation is expected to occur within 2009 and could begin as soon as early summer. Agencies can begin to prepare for the transition by visiting the OEMS Webpage above and the NEMSIS webpage to learn about the project. It would be premature to begin providing technical information and timelines prior to these items being solidified.

It is very important that all EMS agencies have the correct information for their Chief Operations Officer on file with OEMS. This information is provided by each agency when it applies for initial licensure or with each two year inspection cycle. If your agency has changed its operational officers since its last OEMS inspection and not notified OEMS, this should be done prior to implementation of the new system. Changes to agency license information are managed through the OEMS Division of Regulation and Compliance either by contacting the central OEMS office or by contacting your area program representative.

The reason for having up to date Chief of Operations information is because the new system will allow each EMS agency with access to its own PPCR data. This data is patient identifiable data and must be protected as required by HIPAA and Virginia patient privacy regulations/laws. The "chief" of each agency will have the ability to assign the level of access they wish to have each staff person member of their organization to have. OEMS will not provide an administrative level access to any individual that it cannot confirm through the OEMS licensure database as the "owner" of that agency.

Another extremely important item to prepare for the implementation of the new PPCR program is to ensure your agency has internet access. The new system will be 100% Web-based and all PPCR information sent to the state will be entered directly through the internet into the PPCR system. OEMS will be offering electronic patient care reporting software (ePCR) free of charge as part of the new system and it is likely that "leaving a PPCR at the hospital" for ePCR users may require that ePCRs be sent to the hospital or retrieved from the hospital by the internet. Clear instructions will be distributed to all EMS agencies prior to implementation. The use of ePCR is not being mandated and agencies will not be required to use ePCR if they do not choose to use it for technical reasons or agency preference. Internet access will still be needed to submit the required PPCR data to OEMS.

The project planning for the upgrade of PPCR is the first project that the Office of EMS has had to be developed under the oversight of the Virginia Information Technology Agency (VITA). As of July 2007 any major information technology (IT) project developed by a state agency is controlled by the VITA Project Management Division. There are multiple items associated with the development of an IT project under VITA which can be found at http://www.vita.virginia.gov/oversight/projects/ .

As mentioned in the Administrative section of the OEMS report. A separate opportunity is underway related to upgrading the PPCR program. A grant opportunity is underway that provides 100 percent funding of Panasonic Toughbook Computers (CF-19) for non-profit; volunteer and governmental Virginia licensed EMS agencies is underway. The intent is to increase the use of electronic patient care reporting in the Virginia EMS System. The grant is open until June 1, 2009 and it must be requested by the locality for EMS agencies. Details are available at http://www.vdh.virginia.gov/OEMS/Grants/EMSRegistry.htm

Virginia Statewide Trauma Registry (VSTR):

Virginia Statewide Trauma Registry (VSTR):
There have been now updates to the Trauma Registry application since version 5.7.2 was released in September 2008.

Trauma Registry Compliance:
Quarterly audits continue to show the majority of facilities are in compliance with their data submissions. Increased communication with field users, education and sending out reminder notices has resulted in this success, but the primary reason for falling into non-compliance still is attributed to staff changes/staff turnover.

Our pre-audit in March 2009 for the first quarter of 2009 disclosed the following facilities have either submitted no data or little data since our last audit:

Danville Regional Medical Center
HCA Henrico Doctors' Forest
HCA Henrico Doctors' Parham
HCA Lewis-Gale Medical Center
HCA Retreat Hospital
Inova Mount Vernon Hospital
Lee County Community Hospital
Maryview Medical Center
Mountain View Regional Hospital
MSHA Russell County Medical Center
MSHA Smyth County Community Hospital
Page Memorial Hospital
Rappahannock General Hospital
RJ Reynolds Patrick County Hospital
Shenandoah Memorial Hospital
Sentara Leigh Hospital
Sentara Careplex Hospital
Southampton Memorial Hospital
Virginia Hospital Center (Arlington)

Follow-up correspondence was sent to encourage the submission of their data before our next scheduled official audit, which will be conducted on May 15th. To date, only Virginia Hospital Center has responded back asking for an extension. Although this is an unusually high number of facilities noted as non-compliant for the pre-Audit, it is not unusual for them not to reply back. With the high percentage of staff turnover rates, many times we do not hear back until contacting the CEO's office.

Since implementing the practice of a pre-audit with reminder emails, the overall compliance level has increased as many of those found in non-compliance, when notified, are able to get their data in to us before the official audit is conducted. The compliance for 2008 was very high and we were been able to improve the quality of data submitted by conducting quarterly Data Quality Audits. .

Informatics Projects
No major informatics projects were performed this quarter. The OEMS Informatics Coordinator position has been vacant. This position was open for public recruit and the deadline to file was April 24th. A total of 45 applications were received and will be considered during the evaluation process.

Trauma System

Trauma Center Designation

Under the Code of Virginia the State Health Commissioner designates hospitals that choose to apply for designation as a trauma center. Hospitals that choose to be designated as a trauma center commit to continuously providing a higher level injury care than is required by routine hospital licensure. The cornerstones to trauma center designation are to have an organized approach to trauma care 24/7, provide rapid specialty care, have a trauma focused/specific performance improvement program, and trauma specific education. Virginia currently has 14 designated trauma centers that are one of three levels of designation; Level I (highest level), Level II, and Level III. Details on trauma center designation can be found on the OEMS Trauma Program Web page.

The list of hospitals below will undergo a trauma center verification site review during the 2009 review cycle.

- Mary Washington Hospital
- Winchester Medical Center
- Virginia Commonwealth
- Sentara Norfolk General Hospital
- Montgomery Regional Hospital
- Southside Regional Medical Center

Trauma Triage

The Trauma System Oversight and Management Committee will be reviewing the current state trauma triage plan and revising the plan as needed to meet the new CDC guidelines for trauma triage. The effort to revise this had been put on hold until discussion between several organizations and committees could occur. The sub-committee will be working on a draft revision and to bring forth in the near future.

Trauma Center Fund

The Virginia Trauma Center Fund distributes funds to Virginia Designated Trauma Centers to offset the costs associated with being designated. The funds are collected from two sources including DMV license reinstatement fees and DUI fines. The Office of EMS is the designee that is charged with developing a distribution model for these funds and providing payment to Virginia designated trauma centers. 100% of the funds collected are passed on to the qualifying hospitals on a quarterly basis. The most recent distribution is shown below:

Trauma Center & Level	Percent Distribution	Previous Quarterly Distribution	March 2009 FY09	Total Funds Received Since FY06
I				
Roanoke Memorial Hospital	7.21%	$250,686.66	$211,483.15	$3,308,789.96
Inova Fairfax Hospital	23.54%	$540,879.65	$456,294.46	$7,111,513.90
Norfolk General Hospital	11.83%	$306,379.58	$258,466.57	$3,863,479.72
UVA Health System	12.99%	$368,794.04	$311,120.37	$3,863,636.67
VCU Health Systems	29.11%	$591,154.13	$498,706.80	$6,146,432.56
II				
Lynchburg General Hospital	2.81%	$96,228.02	$81,179.45	$615,912.33
Riverside Regional Medical Ctr.	3.45%	$73,525.62	$62,027.35	$635,844.37
Winchester Medical Ctr.	4.19%	$99,588.80	$84,014.66	$949,944.81
III				
New River Valley Medical Ctr.	0.22%	$7,544.60	$6,364.75	$74,110.81
CJW Medical Ctr.	0.24%	$11,659.84	$9,836.42	$331,704.33
Montgomery Regional Hospital	0.17%	$960.22	$810.06	$112,671.04
Southside Regional Medical Ctr.	0.39%	$11,545.08	$9,662.85	$157,144.35
Virginia Beach Gen'l Hospital	3.84%	$67,421.34	$56,877.00	$1,176,223.11
Total	100.00%	$2,426,367.58	$2,046,843.89	$28,347,407.95
FY09 Funding Projection				

More information on the Trauma Center Fund can be found on the OEMS Trauma System Web page at: http://www.vdh.virginia.gov/OEMS/Trauma/TraumaSystem.htm

Stroke System

In 2008 the Code of Virginia § 32.1-111.3 the Statewide Emergency Medical Care System was amended to add a statewide pre-hospital and inter-hospital stroke triage plan designed to promote rapid access for stroke patients to organized stroke care. The section of Code language that mandates the designation and use of trauma centers has always included "specialty centers", but until 2008 other specialty centers had not been identified. The designation of certain hospitals as either a trauma center or as a specialty center is to be based on applicable national systems.

The EMS related goals for the VSSTF include dispatch guidelines, transport protocols (stroke triage), EMS assessment tool (i.e. Cincinnati Stroke Scale, 3 hr. window for acute stroke), and standard stroke treatment protocols. The task force has multiple other non-EMS related areas of focus including stroke prevention, early recognition, acute care/hospital clinical pathways, rehabilitation guidelines and more. Information will be posted on the OEMS Stroke Web page as it becomes available link http://www.vdh.virginia.gov/OEMS/Trauma/Stroke.htm

STEMI System

A new effort is underway to establish a STEMI system in Virginia. The American College of Cardiologists and the American Heart Association have spearheaded the formation of the Virginia Heart Attack Coalition (VHAC). VHAC will be sponsoring a summit on May 16th. to introduce the coalition to stakeholders across the state and share some thoughts how regional systems of STEMI care will be developed.

Emergency Medical Services for Children (EMSC)

3rd Year of Funding for EMSC State Partnership Grant

The Office of EMS recently received approval for a 3rd year of EMSC State Partnership Grant funding provided by the Health Resources and Services Administration (HRSA) through its Maternal and Child Health Bureau (MCHB). All 50 states and 6 U.S. territories are awarded a grant through this program, which is funded in 3-year cycles, and all are required to attend an Annual EMSC Program Meeting in the Washington, DC area (next month). Previous to 2007, the EMSC grant for Virginia had been performed by Virginia Commonwealth University.

Statewide Pediatric Education for Prehospital Professionals (PEPP) Course Successful

A special PEPP Train-the-Trainer course was held April 23-24 in Suffolk as a pre-conference component of Tidewater EMS Council's *Continuing Concepts in Prehospital Medicine Conference*. The course, conceived by Virginia's EMSC Committee, was attended at no cost by representatives of all 11 Virginia EMS Regions. At course completion the new instructors were provided with an extensive Instructor Resource Kit to facilitate in organizing and teaching new PEPP courses. All participants successfully completed the course and have committed to teaching at least 2 PEPP course within the next 2 years in their regions. Laura Walker, Weber Simulation Center Director, organized the course and shared Lead Instructor duties with Gene McDaniel, a Captain/Paramedic with Phoenix Fire Department and a leading national PEPP faculty affiliated with Phoenix College. The EMSC State Partnership Grant provided full funding for the course.

Pediatric Training Equipment/Supplies for Virginia

The EMS for Children Program in OEMS continues to facilitate increased pediatric emergency care training opportunities in the state. Federal funding from the EMSC grant received in March has already been utilized to purchase pediatric training equipment to support PEPP, SCOPE and other pediatric focus courses, and additional grant monies will be used to support Symposium pediatric education topics this November.

Hospital Pediatric Assessments

Critical Access Hospitals (CAH) are being visited to assess whether appropriate pediatric emergency equipment is immediately available, and to encourage that key emergency staff maintain a reasonable level of pediatric expertise. In addition, the visits are being used to assist with written pediatric transport guidelines and agreements that help EDs identify critical pediatric cases that need to be transported quickly to hospitals clinically able to handle those emergencies. Costs for this process are in part supported by the Virginia Department of Health through HRSA funding administered by the Office of Minority Health and Public Health Policy.

VHHA to Assist With National Hospital Pediatric Surveys

EMS for Children programs in every state are surveying hospitals in relation to key national pediatric performance measures. In Virginia, the Virginia Hospital and Healthcare Association (VHHA) has agreed to facilitate completion of these surveys. Some of the performance measures being assessed are closely aligned with mass casualty and hospital surge capacity planning already required by various emergency preparedness initiatives.

Child Abuse Mandatory Reporting Law in Effect

Virginia implemented the new mandatory reporting law (which included naming EMS personnel as mandatory reporters) March 31, 2009. The Department of Social Services is keeping statistics relating to EMS personnel use of the State Child Abuse Hotline (800-552-7076), which will be shared with EMS providers through the EMSC Committee and the EMSC Program.

Inhalant Abuse

As a result of attending the 2nd Annual Inhalant Abuse Conference in Williamsburg, the EMSC Coordinator is developing an "Inhalant Abuse Prevention Toolkit" for the EMSC website. Once the materials are complete, they will be shared with the EMSC Committee and additional input sought for ways to use the information at the local EMS agency level.

NEDARC Workshop Attended

The EMS for Children Coordinator attended a workshop last week that explored methods EMSC Program Managers may utilize in disseminating findings from EMSC National Performance Measures surveys. The workshop was provided by the National EMS for Children Data Analysis Resource Center (NEDARC) and was funded by the HRSA EMSC State Partnership Grant.

Virginia Poison Control Network

The Office of EMS serves as the Virginia Poison Control Network (VPCN) contract administrator on behalf of the Virginia Department of Health. The Virginia Poison Control Network is comprised of the Blue Ridge Poison Center at the University of Virginia, the Virginia Poison Center at the Virginia Commonwealth University, and the National Capital Poison Center. Item 297.W of the proposed FY10 state budget had initially proposed that the funded amount to the VPCN be decreased by 66% and that the number of poison centers is cut from three to one. Fortunately, the final budget bill language stated that funding would be restored. Some clarification on the final funding is needed since the language may include approximately $100,000 less for FY10

Durable Do Not Resuscitate (DDNR)

Legislation was passed in the 2009 General Assembly related to the Durable DNR program. Senate Bill 1085 amended § 54.1-2987.1 to state that only the person named on a Durable Do Not Resuscitate (DDNR) order may revoke the order; the next of kin no longer may override a DDNR when the patient becomes unable to speak for themselves. In the case of a minor the person authorized to consent on the minor's behalf.

Additionally, OEMS is involved in revising the regulations related to the Durable Do Not Resuscitate (DDNR) program. The draft Durable Do Not Resuscitate Regulations were approved by the State Board of Health Meeting and the Office of Attorneys General. The draft regulations will now move the Department of Planning and Budget, followed by the Secretary of Health and the Governor for approvals. Once these approvals have been obtained the regulations will be posted for public comment on the Virginia Town Hall which can be found on-line at http://townhall.virginia.gov/index.cfm this is the official Web site that Virginia Governmental Agencies are required to post proposed regulations, minutes to public meetings, and announce public meetings.

Respectfully Submitted

OEMS Staff

Appendix A

Executive Committee, State EMS Advisory Board
1001 Technology Park Drive, Glen Allen, Virginia
April 13, 2009
9:30 a.m.

Members Present:	Members Absent:	Staff:	Others:
Jennie Collins		George Lindbeck, M.D	
Randy Abernathy		Gary R. Brown	
Pokey Harris		Scott Winston	
Asher Brand, M.D.		Mark Levine, M.D.	
Larry Oliver			
Ajai Malhortra, MD			

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
State EMS Plan	Each Standing Committee of the State EMS Advisory Board will be asked to complete a SWOT analysis on their respective initiatives/sections of the State EMS Plan by February 2010. This information will be reviewed by the Finance, Legislative and Planning Committee (FLAP) and made available for Public Comment by April 2010. FLAP will review the Public Comments and will present a proposed State EMS Plan to the State EMS Advisory Board in May 2010. The Board will vote and adopt the State EMS Plan in August, 2010. EMS Plan must be presented to Board of Health in October 2010. Note: Revise the Advisory Board's "Motion Form" to include what objective the motion addresses in the State EMS Plan. Board members need to represent their organization and carry information back to them, and bring information back to the Board.	
By Laws	There was a discussion about the composition of Committees and proxy votes. The Executive Committee discussed the need for a Governance Committee (recognized process for evaluating functionality). Board Education was discussed – Irene Hamilton will provide Pokey Harris with prior information of any committees with	**Jennie to send email to Committee Chairs. Randy will host meeting.**

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	specified representation. The Executive Committee discussed the need for an Educational Session for Committee Chairs. Committee Chairs will be asked to bring mission statement, goals, composition, history of composition (staff to provide) of their committees. Nomination Committee – if a person has aspirations of an officer position, they should not accept a seat on the Nominating Committee. Nominating Committee – Jennie Collins, Chair appointed Gary Dalton, Allen Yee and Jason Campbell to the Nominating Committee.	
Tracking of Board Business	The need for a "Quarterly Checklist" was discussed, i.e., review of VAVRS Expenditure Report. Jennie and Gary to work on a format. It was decided that the Motioon Form will be sent to the Board electronically.	
Board of Health Seat for EMS	The Executive Committee developed a draft Job Description & selection process, demonstrated leadership, years of experience, etc. For the first appointment, the Executive Committee will ask the Board to empower the Executive Committee to make that decision if requested prior to August meeting. Qualifications: Current certified EMS Provider in the Commonwealth of Virginia; or endorsed EMS physician. Expectations: attend Advisory Board meetings, BOH meetings, report to Advisory Board. By Laws – EMS member of BOH shall serve as an ex-officio member of the Executive Committee. June 16, 2009 Executive Committee 9:30 Technology Park next meeting. To Do List: BOH Rep selection; By-law review, Quarterly checklist; Board	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	member education; Note – white Orientation book, council overview, get each committee to give overview,	
PUBLIC COMMENT	None	
OLD BUSINESS	None	
NEW BUSINESS		
Adjournment	1:30 p.m.	

Appendix B

Emergency Medical Services (EMS) Representative to the State Board of Health Commonwealth of Virginia

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Definition and Role Description

The 2009 Virginia General Assembly passed SB1236 amending § 32.1-5 *Code of Virginia* which added one new member who shall be a representative of the emergency medical services community as recommended by the State Emergency Medical Services Advisory Board. This EMS community representative will provide the State Board of Health with leadership and technical assistance regarding all matters related to EMS. This individual will work cooperatively as a member of the Board of Health to enhance EMS system coordination, planning and response to ensure provision of the highest quality emergency medical care to citizens and visitors of the Commonwealth.

Appointment

Appointments to the Board of Health shall be a four year term, unless filling an unexpired portion of a previous representative to preserve the representation of the EMS community. No member shall serve more than two successive terms.

Expectations

The EMS Representative to the Board of Health is expected to:

- Attend all Board of Health meetings
- Attend all State Emergency Medical Services Advisory Board meetings
- Report to the State EMS Advisory Board on Board of Health activities relative to Emergency Medical Services
- Report to the Board of Health, as directed by the State EMS Advisory Board on activities relative to Emergency medical Services
- Serve as an Ex-Officio member of the State Emergency Medical Services Advisory Board's Executive Committee
- Maintain accessibility and effective communications to the Board of Health and the State Emergency Medical Services Advisory Board

- Adhere to the Board of Health By-Laws, the State EMS Advisory Board By-Laws and the Code of Ethics of the State Emergency Medical Services Advisory Board
- Adhere to all laws of the Commonwealth of Virginia regarding the Freedom of Information Act and Conflict of Interest

Knowledge, Skills and Abilities

The following are key professional attributes that the EMS Representative to the State Board of Health should have in order to successfully interact with a diverse group of EMS system stakeholders. The EMS Representative shall possess a working and/or demonstrated knowledge of:

- The statewide EMS system and its infrastructure
- Knowledge of emerging EMS issues and trends on the regional and national levels to include entities such as the federal government, Federal Interagency Committee on EMS, National EMS Advisory Council, Department of Transportation, National Highway Traffic Safety Administration, National Registry of Emergency Medical Technicians, etc.
- Group dynamics relating to advisory and policy committee structures
- Excellent communication and interpersonal skills
- Ability to deal professionally with the media, elected officials and others, on sensitive matters
- Ability to make effective public presentations
- Familiar with the role of public health and public safety in EMS

Additionally, experience with the design and operation of EMS systems at local, regional and state levels and/or advanced clinical expertise are highly desirable attributes.

Experience and Education Requirements

- Current or previous certification as an EMS provider or endorsed EMS physician in the Commonwealth of Virginia
- Understanding of statewide EMS system and its infrastructure
- Demonstrated knowledge and diverse experience with prehospital emergency medical services systems at local, regional and state levels

- Diverse experience in administration and management and/or advanced clinical expertise with demonstrated interpersonal, consensus and task building skills
- Background, training and experience in prehospital emergency care
- Ability to work with EMS system stakeholders
- Background of demonstrated leadership in an EMS system
- Desired experience, leadership, and success in working with state EMS committees

Applying for the EMS Representative position on the Board of Health

All candidates must submit a cover letter supporting your interest in representing EMS on the Board of Health, résumé, three (3) letters of recommendation and a completed Application for Gubernatorial Appointment. Submit all required documents to the Office of EMS, attention to the Chair of the State EMS Advisory Board. The Application for Gubernatorial Appointment can be accessed at:

http://www.commonwealth.virginia.gov/StateGovernment/Appointments/Pre-AppointmentApplication.doc.

Appendix C

State EMS Advisory Board
Motion Submission Form

□ **Committee Motion:** Name: _____

□ **Individual Motion**: Name: _____

Motion:

_____
_____
_____
_____
_____
_____
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_____
_____
_____

EMS Plan Reference (include section number):

_____

Committee Minority Opinion (as needed):

_____
_____
_____
_____
_____

For Board's secretary use only:
Motion Seconded By:

_____

Vote: _____ YEA _____ NAY _____ ABSTAIN

Board Minority Opinion:

_____
_____
_____

Meeting Date: _____

Appendix D

VIRGINIA OFFICE OF EMERGENCY MEDICAL SERVICES STATE STRATEGIC AND OPERATIONAL PLAN

2007-2010

OEMS STATE STRATEGIC AND OPERATIONAL PLAN

Table of Contents

OEMS STATE STRATEGIC AND OPERATIONAL PLAN

INTRODUCTION

§32.1-111.3 of the Code of Virginia requires the development of a comprehensive, coordinated, statewide emergency medical services plan by the Virginia Office of EMS (OEMS). The Board of Health must review, update, and publish the plan triennially, making such revisions as may be necessary to improve the effectiveness and efficiency of the Commonwealth's emergency care system. The objectives of the plan shall include, but not be limited to the seventeen objectives outlined in §32.1-111.3.

Over the past few years, much attention has been paid to the development of the plan. Some of this is due to review reports, namely the Joint Legislative Audit and Review Commission (JLARC), and the Institute of Medicine (IOM) Report "EMS at the Crossroads". These recommendations made in these documents have assisted in driving the planning process forward.

As the Code of Virginia mandates, this plan must be reviewed, updated, and published triennially by the Board of Health. The Office of EMS appreciates the opportunity to present this document to the Board, and values any input that the Board provides, as well as the input of any other stakeholder, or interested party.

This operational plan identifies the specific initiatives required of the OEMS staff in executing the 2007 – 2010 Strategic Plan. Each objective and action step is intended to accomplish those items most critical to the Strategic Plan in the given fiscal year. The Strategic Plan is designed to improve priority areas of performance and initiate new programs. Therefore, much of the routine, but important work of the OEMS staff is not included in the Operational Plan.

No later than 3 months prior to the end of a particular fiscal year the OEMS staff will evaluate progress on the plan and begin the process of creating the Operational Plan for the next fiscal year.

In most cases "accountability" should be the name of a person who has the lead responsible for the implementation of the objective or action step. If another individual, department or council shares responsibility that individual, department or council will also be identified with an asterisk (*). The Status Review column will be reviewed quarterly. Only those objectives and items relevant to the time frame will be a part of the review. Any changes in the objective or action steps should be noted in writing on the form at that time.

Legend of Prioritization of Strategic Initiatives:

Urgent: Work must begin during FY 07 (July 1, 2006 - June 30, 2007).
Very Important: Work should begin on this strategic initiative before the end of the upcoming fiscal year (FY) 2007.
Important: Can wait. Work should begin after Urgent and Very Important initiatives are underway.

Footnotes at the bottom of the pages refer to previous documents developed by the staff in creating this integrated operational plan to support the 5 year strategic plan.

Core Strategy 1 – Develop Partnerships

Strategic Initiative 1.1. – Promote Collaborative Approaches

Objective & Action Steps	Accountability	Status Review
1.1.1 Develop relationships with Federal and EMS Partners, Homeland Security, and other State EMS Offices. (Important)	Executive Management	**Action Step.1**. Provide input into the NHTSA and HRSA sponsored Emergency Medical Services Workforce for the 21st Century Project. **Action Step 2**. Attend and exchange knowledge with the National Association of State EMS Officials and member states of the Atlantic EMS Council.
1.1.2. Strengthen on-going relationships with other state departments, public safety and medical facilities - ongoing. (Important)	Executive Management	**Action Step 1.** Attend at least 4 co-department meetings annually. **Action Step 2.** Host OEMS open house semi-annually.
1.1.3. Foster State legislative involvement for EMS initiatives - ongoing. (Important)	Executive Management	**Action Step.1.** Identify key legislators working on important EMS related legislation and develop formal introduction. **Action Step 2.** Secure state EMS Advisory Board member commitments to work with the legislature on EMS related issues.
1.1.4. Foster strong partnerships with the Board of Health and State EMS Advisory Board ongoing. (Important)	Executive Management	**Action Step 1.** Provide the Board of Health with an OEMS critical issue briefing. **Action Step 2.** Identify key influencers on state EMS Advisory Board and have one-on-one meetings or conference calls.
1.1.5. Integrate Regional Councils as full partners - ongoing.[12] (Urgent)	OEMS/Regional EMS Council Executive Directors	As per Code of Virginia mandate, regulations governing Regional EMS Councils were promulgated in early 2007. These regulations are in final approvals, with anticipated distribution by the end of 2007.

[12] Virginia Emergency Medical Service Plan Draft, Regional EMS Councils SWOT Analysis, July 2005

Core Strategy 1 – Develop Partnerships **Strategic Initiative 1.1. – Promote Collaborative Approaches**		
Objective & Action Steps	**Accountability**	**Status Review**
1.1.6. Cultivate Grass Roots support for Strategic Initiatives by June '07. (Urgent)	Executive Management EMS Systems Planner	OEMS has provided several guidance documents to the Regional EMS Councils to assist them in their own strategic planning initiatives. Each Regional EMS Council is contractually bound to provide OEMS with an updated strategic plan annually, as well as make the plan available to their respective regional stakeholders. OEMS provides feedback to each council on their respective plans upon receipt and review by OEMS Staff.

Core Strategy 1 – Develop Partnerships **Strategic Initiative 1.2. – Attract and support outstanding health care providers**		
Objective & Action Steps	**Accountability**	**Status Review**
1.2.1. Cultivate partnerships with State Universities, colleges and Department of Education to attract and educate EMS providers - on going.[13] (Important)	Division of Educational Development (DED) Assistance from: Dept. of Fire Programs (VDFP) Virginia Community College System (VCCS)	This has been accomplished by identifying all EMS instructors and program locations. The initiation and completion of developing a standardized VCCS EMS program completed summer of '06 in partnership with VCCS and accredited programs in the VCCS system. The DED has planned for and will be hosting a meeting of all accredited programs at least annually beginning in '07/'08. We have initiated an educational component to the EMS Instructor updates beginning 11/2006. DED continues to work with the Dept. of Education and with DFP in promoting EMS and Fire Programs in the High School. DED through the Professional Development Committee has initiated 5 Ad Hoc committees to investigate and provide recommendations to improve multiple aspects of the current EMS Education/certification

[6]JLARC Report – House Document 37, Review of Emergency Medical Services in Virginia, 2004
[6]JLARC Report – House Document 37, Review of Emergency Medical Services in Virginia, 2004

1.2.1. Cultivate partnerships with State Universities, colleges and Department of Education to attract and educate EMS providers - on going.[14] (Important) (Continued)		process. Designed statistical data output for EMS education programs based upon data contained in the training program. Initial run revealed incomplete data and corrective action taken. Due to VITA priorities, this project took longer than planned. The goal is to produce and mail reports in FY 07/08. Currently piloting and sharing information with EMS educators through the PDC about "competency" based educational strategies with selected programs in rural, municipal and formal educational facilities.
1.2.2 Recruit EMS physicians that meet selection criteria - ongoing. (Important) .	Executive Management	**Action Step 1.** Complete an incentives plan for EMS physicians.[7] **Action Step 2.** Encourage legislation that limits liability of EMS physicians.

Core Strategy 1 – Develop Partnerships **Strategic Initiative 1.3. – Further community based intervention.**		
Objective & Action Steps	**Accountability**	**Status Review**
1.3.1. Strengthen illness and injury prevention programs - ongoing. (Important)	Trauma/Critical Care Division	**Action Step.1.** Complete an assessment of existing illness and injury prevention programs. **Action Step 2.** Identify gaps in the existing illness and injury prevention programs and begin to implement actions that address those gaps.
1.3.2 Partner with other healthcare providers to educate the public - ongoing. (Important)	Executive Management/Public Information Officer.	**Action Step 1.** Complete development of a marketing strategy for health care providers. **Action Step 2.** Execute marketing strategy. **Action Step 3**. Establish criteria for measuring the effectiveness of the marketing strategy.

[7] VACEP & OEMS OMD Research Study Focus Group Findings – *Draft #2* ,August 3, 2005

Core Strategy 1 – Develop Partnerships **Strategic Initiative 1.4. – Coordinate responses to emergencies both natural and man-made.**		
Objective & Action Steps	**Accountability**	**Status Review**
1.4.1. Enhance relationships with federal Homeland Security office, the Office of Commonwealth Preparedness, and other federal/state agencies - ongoing. (Urgent)	Emergency Operations Division	OEMS Emergency Operations staff members have hosted, and/or participated in meetings and trainings with local, regional, state, and federal agencies and organizations, including the Federal Dept. of Homeland Security, and the Virginia Office of Commonwealth Preparedness. This process is ongoing, with no end date. The relationship between the OEMS and OCP has been enhanced due to the OEMS Grants Manager participation on the Commonwealth Preparedness Working Group (CPWG) – Grants Subcommittee and the Regional Preparedness Advisory Committee (RPAC) groups organized by the OCP. The OEMS has also established an enhanced relationship with not only the OCP, but other state agencies as well as the Department of Homeland Security (DHS). The 2007 Homeland Security Grant Program (HSGP) grant guidelines were established in 2006 and encouraged participation at all government levels involved in preparedness activities. The Virginia Dept. of Emergency Management (VDEM) is the lead state agency to distribute awarded funds from the HSGP. Other state agencies involved in the DHS investment justifications with whom the OEMS has established relationships include: Virginia Dept. of Fire Programs, VITA, the US Supreme Court, the Virginia State Police and various local agencies. These agencies work together by attending the CPWG subcommittee monthly meeting, networking, and developing a compendium of grant resource information.
1.4.2. Conduct ongoing training and evaluation; and develop resources for Health and Medical Emergency Response Teams (HMERT) - ongoing. (Urgent)	Emergency Operations Division	OEMS created and filled an HMERT Coordinator position in October of 2006. This position assists HMERT teams in training scheduling and development, resource management and allocation, and coordination of teams throughout the Commonwealth. Training for both HMERT members and HAM operators are offered on a constant basis, and proposals have been drafted to obtain funding for the purchase of equipment for HMERT teams. Meetings are held with HMERT Task Force Teams, as well as Dog and Massage Therapy Strike Teams on an ongoing basis. HMERT Standard Operation Procedures are being revised.

Core Strategy 2 – Create Tools and Resources **Strategic Initiative 2.1. – Sponsor EMS related research and education.**		
Objective & Action Steps	**Accountability**	**Status Review**
2.1.1. Sponsor research and other projects utilizing data collected by the EMS Patient Care Information System. FY 2007. (Very Important)	Division of Trauma/Critical Care	No forward progress due to the PI Coordinator position not being filled due to VDH MEL being exceed Wage position sub-standard for position Re-classification of this positions supervisor has not occurred
2.1.2. Determine quality of EMS service and trauma triage analysis.[10] (Very Important)	Division of Trauma/Critical Care	Beginning to review consistency of 11 regional patient care protocols Once comparison of 11 regional patient care protocols are reviewed will use PPCR and VSTR data to report on use of protocols
2.1.3. Establish scholarships for EMS provider education.[11] (Very Important)	Division of Educational Development	**Action Step.1.** Identify educational priorities for scholarships. **Action Step 2.** Secure funding for scholarships. **Action Step 3.** Communicate the scholarship funding process and criteria to EMS constituents. **Action Step 4.** Complete a scholarship screening and approval process.
2.1.4. Evaluate the impact of an aging workforce on the EMS system.[12] (2007-2008) (Very Important)	Technical Assistance Division	Recommendations of the Emergency Medical Services Workforce for the 21st Century Project was registered on Project Blog October 2005.

[10] JLARC Report – House Document 62, The Use and Financing of Trauma Centers in Virginia, 2004.
[11] Focus Group 6 – Human Services, Goal #3; EMS Advisory Board Retreat, April 2005.
[12] Ibid

Core Strategy 2 – Create Tools and Resources

Strategic Initiative 2.2. – Supply quality education and certification of EMS personnel.

Objective & Action Steps	Accountability	Status Review
2.2.1 Provide enhanced resources for quality BLS training[13]. (Urgent)	Division of Educational Development	This was initiated but the committee charged with this action dissolved itself in favor or a more detailed review of the current system. As such, 4 ad hoc committees were developed: BLS curriculum Committee, BLS Practical Test committee, BLS Evaluator Committee, Instructor credentialing committee. In addition, a fifth ad hoc committee was formed to investigate competency based EMT programs and the use of non certified EMT instructors as adjunct faculty for basic EMT programs. These committees are still meeting. Also, there have been multiple investigations by Regulation and Compliance on EMT instructors culminating in various disciplinary actions. The process for distance learning technologies has been on going for 6 years. A process had been designed, tested but was placed on hold and has died as VITA came on board. IT support for progressing this project, although near its end, became unavailable. The Office has been able to implement as of September 1, 2007 on line continuing education using OEMS generated programs primarily through EMSAT and TRAIN Virginia LMS. Through a $22,000 enhancement, the Office is able to receive electronically continuing education for providers using the system. We are planning to produce EMS Instructor updates and part of the EMT Instructor Institute on this platform.
2.2.2. Expand availability of ALS Training. (2007-2009)[14] (Urgent)	Division of Educational Development	As of the end of fiscal year '06/'07 there were 38 accredited sites throughout Virginia capable of offering the Intermediate 99 program. We estimate approximately 92% of the state is within a 30 mile radius of an accredited program.

[13] Virginia Emergency Medical Service Plan Draft, Education Systems SWOT Analysis, July 2005.
[14] JLARC Report – House Document 62, The Use and Financing of Trauma Centers in Virginia, 2004

Core Strategy 2 – Create Tools and Resources

Strategic Initiative 2.2. – Supply quality education and certification of EMS personnel.

Objective & Action Steps	Accountability	Status Review
2.2.3. Establish leadership and management standards.[16] (Urgent)	Technical Assistance Division	Subcommittee of the Workforce Development Committee was formed to "Establish Leadership and Management Standards." The subcommittee is drafting EMS leadership and management standards that closely follow those outlined by NFPA for fire officer I-IV, but are written so that they will be useful for volunteer, municipal, combination and commercial services. They expect to complete the standards for EMS Officer I by October 2007. They have outlined the responsibilities for each level of officer and will break down to more specifics. Subcommittee will solicit help from VAVRS, VAGEMSA and the Regulation and Compliance unit of OEMS when each level is completed.
2.2.4. Ensure adequate and accessible EMS provider training. (Urgent)	Division of Educational Development	Over the last two years, there has been an increase in the number of EMT programs announced to the level of approximately 370 each year compared to the average of 330. The number of accredited sites has grown. Both of these increases have improved the availability of initial certification programs as well as continuing education. With the start of on line CE from the Office, access is improved where internet access is available at broadband capacity. We continue to increase the EMS instructor pool. These are all continuing practices. Other avenues we are still pursuing but will require VITA support.

[16] JLARC Report – House Document 37, Review of Emergency Medical Services in Virginia, 2004

Core Strategy 2 – Create Tools and Resources

Strategic Initiative 2.3. – Endorse risk and liability protection for EMS physicians and providers.

Objective & Action Steps	Accountability	Status Review
2.3.1. Assess ongoing risk and liability protection coverage and support appropriate legislation. (Very Important)	Executive Management	**Action Step.1**. Develop and distribute a VA EMS Physician program that meets the criteria outlined in 12 VAC 5-31 (EMS Regulations) Part IV. **Action Step 2.** Develop incentives for Physician involvement. **Action Step 3.** Update EMS Advisory Board on upcoming risk and liability legislation quarterly.
2.4.1. Support education, legislation and programs to promote the appropriate use of EMS resources. (Important)	Technical Assistance	This strategic initiative is tied to efforts designed to help reduce the number of nuisance calls that tax limited EMS resources. This problem has been documented in Workforce Retention Toolkit workbooks developed by OEMS, as well as in discussions by the current subcommittee studying volunteer retention initiatives (HJR 743). Currently there are no active programs to promote the appropriate use of EMS resources.
2.4.2. Provide EMS agencies and local governments with guidelines to evaluate the utilization of EMS personnel and equipment resources. (2006-2007). (Important)	Technical Assistance	The OEMS Systems Planner is completing work with six Critical Access Hospitals (CAH) to help evaluate the EMS systems in their catchments areas as part of a grant through the VDH Health Policy and Planning. This is a first step in developing self assessment guidelines for localities to help them promote the appropriate use of EMS resources. OEMS is also working with the Department of Fire Programs to streamline the self assessments and systems studies of local fire and EMS systems. OEMS will be contributing EMS information to the combination studies. A RFP will be sent out on behalf of DFP to solicit a company to help design the best assessment tools and refine the process.

Core Strategy 3 – Develop Infrastructure

Strategic Initiative 3.1. – Adequately staff the Office of EMS and Regional EMS Councils.

Objective & Action Steps	Accountability	Status Review
3.1.1 Ensure adequate staffing to support the variable nature of the EMS system requirements and challenges (ongoing). (Urgent)	Executive Management	**Action Step.1.** Fill OEMS staff positions and make staffing adjustments based on 2005 staffing approval. **Action Step 2.** Complete staffing orientation and any staffing assignment changes.
3.1.2 Ensure adequate and accessible EMS provider training.[21] (See 2.2.1 – 2.2.2 also) **(Urgent)** .	Division of Educational Development	**Action Step 1**. Complete EMS provider training needs assessment (include accessibility assessment). **Action Step 2.** Complete a comprehensive EMS provider training design to be implemented over a 24 month period.

Core Strategy 3 – Develop Infrastructure

Strategic Initiative 3.2. – Focus recruitment and retention efforts.

Objective & Action Steps	Accountability	Status Review
3.2.1. Pursue a comprehensive recruitment campaign.[22] **(Very Important)**	Technical Assistance Division	This goal has been assigned to one of the subcommittees of the Workforce Development committee. The subcommittee has drafted an outline/plan to help EMS agencies prepare for a recruitment campaign, while relying on each locality and/or region to implement their own campaign for now. While OEMS may coordinate a statewide campaign within the next two years, the subcommittee felt that the outline/plan was more appropriate for now. Specific subcommittee members have been designated to contribute related resources for the plan. A specific date has not been given for completion, but December 1 should allow enough time for OEMS review

[21] Ibid
[22] JLARC Report – House Document 37, Review of Emergency Medical Services in Virginia, 2004

Core Strategy 3 – Develop Infrastructure

Strategic Initiative 3.2. – Focus recruitment and retention efforts.

Objective & Action Steps	Accountability	Status Review
3.2.2. Promote use of <u>The Keeping the Best</u>! Retention Tool Kit and measure its effectiveness. [23] (Very Important)	Technical Assistance Division	While this is also a goal of another subcommittee of the Workforce Development committee, the work is being done by OEMS staff through the two-year contract with the Western Va. Regional EMS council that promotes the workshops and the train-the-trainer sessions. The goal is to have a cadre of instructors after the two year campaign that can teach the "How to Use Retention Principles" and "Maximizing Your Retention Efforts" to local EMS agencies. As part of the two year contract, one agency will work through the workbook on ALS retention with a professional consultant to show other agencies how it can be completed.

Core Strategy 3 – Develop Infrastructure

Strategic Initiative 3.3. – Upgrade technology and communication systems.

Objective & Action Steps	Accountability	Status Review
3.3.2. PPCR System Replacement (Urgent)	Trauma/Critical Care Division (Lead)	The Emergency Medical Services Registry (EMSR) will be the web-based system that replaces the current OEMS Pre-Patient Care Registry (PPCR). The EMSR will link emergency medical services (EMS), law enforcement, fire and hospital databases to enhance regional communication and collaboration. The PPCR system only tracks pre-hospital incident information and can not be expanded upon, has a minimum of 120 days before it can be analyzed and uses outdated technology. The current system does not alert EMS providers, link patient tracking, link hospital information or assess quality of care. The EMSR will be compatible with existing systems, such as the Virginia Statewide Trauma Registry and the National EMS Information System (NEMSIS), and be able to expand to include surveillance

[23] Ibid

3.3.2. PPCR System Replacement (Cont.)		capabilities and data linkages and will include updates to hospital bed diversion and patient tracking. Need approval from VDH to proceed in planning and procuring a new PPCR system to be called the EMS Registry. Approval would be by way of submitting an IT Strategic Plan Amendment to VITA. OEMS will need to be allowed to establish a deliverables based contract with a VITA approved project planner. EMSC grant funding partially supports this initiative Project planner needs to move the EMS Registry project through the VITA Project Management Standard process. $1.5 million was obtained through the Commonwealth's DHS grant to support the EMS Registry VITA has "unofficially" reviewed the EMS Registry project and stated the plan makes its business case and has a worthy plan.

Core Strategy 3 – Develop Infrastructure **Strategic Initiative 3.4. – EMS funding.**		
Objective & Action Steps	**Accountability**	**Status Review**
3.4.1. Capture greater reimbursement of Medicare/Medicaid dollars.[26] (2006-2010) (Very Important)	Technical Assistance	**Action Step.1.** Identify where Medicare/Medicaid reimbursement dollars are being lost and estimate the dollar amount. **Action Step 2.** Begin the work of designing initiatives that will improve the capture on Medicare/Medicaid dollars over the next 3 fiscal years.
3.4.2. Simplify Rescue Squad Assistance Fund and grant process.[27] (2006) (Very Important)	OEMS Grants Manager	**Action Step 1**. Identify unnecessary steps or complications and make appropriate changes in the RSAF grant process. **Action Step 2.** Communicate the simplified RSAF grant process to EMS agencies statewide.

[26] JLARC Report – House Documents 37, Review of Emergency Medical Services in Virginia, 2004.
[27] Ibid

Core Strategy 3 – Develop Infrastructure **Strategic Initiative 3.4. – EMS funding.**		
Objective & Action Steps	**Accountability**	**Status Review**
3.4.3. Encourage revenue recovery.[28] (2006-2010) (Very Important)	Executive Management	**Action Step 1.** Identify EMS agencies with a record of satisfactory revenue recovery and document how they accomplish it. **Action Step 2.** Disseminate to all EMS agencies a strategy for improving their revenue recovery. **Action Step 3.** Schedule preparation of a process to determine revenue recovery improvement.
3.4.4. Develop EMS Financial Audit Plan (Important)	Executive Management	**Action Step 1.** Develop guidance documents to assist agencies in going through auditing processes.

Core Strategy 3 – Develop Infrastructure **Strategic Initiative 3.5. – Enhance regional and local EMS efficiencies.**		
Objective & Action Steps	**Accountability**	**Status Review**
3.5.1. Provide Regional EMS Council Board with governance guidelines and support.[29] (2006-2007) (Important)	EMS Systems Planner	**Action Step.1.** Develop governance guidelines and templates. **Action Step 2.** Provide assistance in implementing Governance guidelines and templates. **Action Step 3.** Obtain feedback from the Regional EMS Councils on the effectiveness of the assistance.
3.5.2. Assist Regional EMS Councils to build stronger relationships with local jurisdictions. (2007-2009)[30] (Important) .	EMS Systems Planner	**Action Step 1**. Develop and test a model for building stronger relationships with local jurisdictions in 4 pilot locations. **Action Step 2.** Evaluate the results and establish plans for expanding the program.

[28] JLARC Report – House Document 37, Review of Emergency Medical Services in Virginia, 2004.
[29] Virginia EMS Plan Draft – Regional EMS Councils SWOT Analysis, July 2005
[30] Ibid

Core Strategy 4 – Assure Quality and Evaluation

Strategic Initiative 4.1 – Assess compliance with EMS performance based standards.

Objective & Action Steps	Accountability	Status Review
4.1.1. Review and clarify performance standards. (2006) (Very Important)	Trauma/Critical Care Division	Currently gathering each regions treatment protocols for review.
4.1.2. Communicate performance standards to EMS agencies and regional EMS Councils. (2006-2007) (Very Important)	Trauma/Critical Care Division	Distributing annual "Trends" document using PPCR, VSTR, and Poison data. Filling ad-hoc reports Developing template for quarterly reporting of performance standards
4.1.3. Monitor performance against standards and take corrective action. (2008-2010) (Very Important)	Trauma/Critical Care Division	Notified non-trauma hospitals of trauma deaths occurring at their facility and encouraged working with the regional trauma PI committee. Little activity occurred on the regional level.
4.1.4. Review Regional EMS Council quality assessment. (Designation Manual) (2006)[31] (Very Important)	Trauma/Critical Care Division	Trauma/Critical Care assisted with assessing and establishing Trauma and PI portions of Regional Council contracts.
4.1.5. Review and revise current EMS regulations (ongoing) (Very Important)	Trauma/Critical Care Division	Trauma/Critical Care partnered with Reg & Compliance to revise Medevac Regulations and they have been entered into the NOIRA process. Trauma/Critical Care now beginning to revise DNR regulations.

[31] Virginia Emergency Medical Services Plan Draft, Regional EMS Councils SWOT Analysis, July 2005

Core Strategy 4 – Assure Quality and Evaluation

Strategic Initiative 4.2. – Assess and enhance quality of education for EMS providers.

Objective & Action Steps	Accountability	Status Review
4.2.1. Review, evaluate and revise Instructor credentialing. (2006-2007) (Urgent)	Division of Educational Development	An ad hoc committee was developed to assist in this endeavor. The chair person directed the committee in other areas dealing with instructors which altered the course of action slightly of the committee. A pilot of the NAEMSE Instructor program was conducted and a survey followed to compare what we are currently doing for instructor training. This committee is still active. EMS Instructor updates now include an instructor development component. There is also a track at the EMS Symposium devoted entirely to instructor/educator growth.
4.2.2. Review and revise training site accreditation standards and processes. (2006-2007) (Urgent)	Division of Educational Development	**Action Step 1.** Due to the volatility of this issue and the self dissolution of the ad hoc committee investigating this issue, project has been delayed to explore current practices. Some components of the original concepts have been pilot tested: competency based EMT programs and the use of non certified EMT instructors as adjunct faculty. Initial reports are promising. **Action Step 2.** The work on accomplishing this component has been successful and the OEMS will go active with up to 19 online CE programs beginning 09/01/07 on TRAIN. Other commercially available sites have been in the works for over 6 years but seem to have been postponed due to the lack of VITA support.
4.2.3 Encourage and Pursue new educational methods (i.e. technology) (Urgent)	Division of Educational Development	Although partially completed with the on line CE in TRAIN, only some of the automation for training systems has been addressed, primarily due to lack of IT support. We are currently looking at expanding EMS updates to the web and standardizing EMS instructor training for EMT Instructors and ALS coordinators. We are also looking into electronic CE submission but this requires IT support.

Core Strategy 4 – Assure Quality and Evaluation

Strategic Initiative 4.3. – Pursue new initiatives that support EMS.

Objective & Action Steps	Accountability	Status Review
4.3.1. Promote compliance with trauma triage protocols, link pre-hospital data with Trauma Registry.[35] (2006-2010) (Very Important)	Trauma/Critical Care Division	With the upgrade of PPCR to a new program, linkage to hospital info (Trauma Registry and VHI) will be possible. EMS providers and agencies need to adopt an understanding that in order to link databases patient identifiable information must be collect, i.e. SSN, DOB etc.
4.3.2. Evaluate effectiveness of current Critical Incident Stress Management Program (CISM). (2006-2007)[18] (Very Important)	Emergency Operations Division	**Action Step 1**. Determine mechanism for measuring the effectiveness of the CISM program.

[35] JLARC Report – House Documents 62, The Use and Financing of Trauma Centers in Virginia, 2004.
[18] Virginia Emergency Medical Service Plan Draft Revision, CISM SWOT Analysis, March 24, 2005

Appendix A – Operational Plan Template

Core Strategy **Strategic Initiative**		
Objective & Action Steps	**Accountability**	**Status Review**
Action Step 1. **Action Step 2.**		**Action Step 1.** **Action Step 2.**
Action Step 1. **Action Step 2.**		**Action Step 1.** **Action Step 2.**

Appendix B

Glossary of Terms

SWOT Analysis: An assessment of the internal strengths and weaknesses of the organization and the organization's external opportunities and threats.

Core Strategy: A main thrust or action that will move the organization towards accomplishing your vision and mission.

Strategic Initiative: An action that will address areas needing improvement or set forth new initiatives under the core strategy. This is the planning part of strategy that when combined with the vision, the mission and core strategies complete the strategic effort.

Operational Plan: This is the plan that implements the strategic intent of the organization on an annual basis.

Objective: A specific, realistic and measurable statement under a strategic initiative.

Action Step: A specific action required to carry out an objective.

Template: A guide and/or format that assists the user in accomplishing a task efficiently in a uniform and consistent manner.

Appendix C

Resources

In developing this plan several resources were used in addition to meetings and interviews with the Director and Assistant Director of OEMS.

- Code of Virginia: The State Legislative mandates for OEMS. (32.1-111.3)
- EMS Agenda for the Future: A document created by the National Highway Traffic and Safety Administration (NHTSA) that outlines a vision and objectives for the future of EMS. August 1996
- EMS Agenda for the Future Implementation Guide (NHTSA). May 1999
- OEMS 5-Year Plan: July 1, 1997-June 30, 2002: This included a status report completed in 1998.
- Service Area Plan for OEMS (40290) which describes the statutory authority and expectations for OEMS and identifies the growing EMS needs of the citizens and visitors of Virginia.
- The Strategic Planning, Service Area Planning, Performance Based Budgeting training document –Sessions 1 & 2. May 2005
- Agency Planning Handbook: A Guide for Strategic Planning and Service Area Planning Linking to Performance-Based Budgeting: Department of Planning and Budget 2006-2008 Biennium, May 1, 2005
- Joint Legislative Action Review Commission (JLARC) Report – House Documents 37, Review of Emergency Medical Services in Virginia. 2004.
- Joint Legislative Action Review Commission (JLARC) Report – House Documents 62, The Use and Financing of Trauma Centers in Virginia, 2004.
- Virginia Emergency Medical Service Plan Draft, all available SWOT Analyses, July 2005
- Focus Group work from the EMS Advisory Board Retreat, April 2005.
- VACEP & OOEMS OMD Research Study Focus Group Findings – *Draft #2 ,*August 3, 2005

Appendix E

State Strategic EMS Plan
Timeline

The Code of Virginia requires the state EMS Plan ("Plan") to be reviewed, updated and published triennially by the Board of Health. The Plan was last approved by the Board of Health in October 2007.

The following tentative timeline has been established by the Chairs of the state EMS Advisory Board and Finance, Legislation and Planning committee to review, solicit comments and input, and update the Plan.

May 14, 2009 – Chair Committee Meeting, Ashcake Volunteer Rescue Squad. Each standing Committee of the State EMS Advisory Board will be asked to complete a SWOT analysis on their respective initiatives/sections of the State EMS Plan.

May 2009 to February 2010 – Committees review relevant national and state resource documents and reports, assess status of current work activity, identify key strategic initiatives to accomplish identified objectives. Submit report to Chair of Finance, Legislation and Planning Committee.

February 2010 to mid March 2010- Finance, Legislation and Planning committee will review and assimilate committee reports.

Mid March 2010 to May 2010 – Thirty (30) day public comment period will be held to receive comments on the initial draft version of the state EMS plan. Finance, Legislation and Planning Committee will review all public comments, make revisions and prepare a proposed state EMS Plan.

May 2010 – Proposed state EMS Plan will be presented to the state EMS Advisory Board for their review and consideration.

June 2010 to July 2010 - If necessary, Educational and Work session(s) will be held for state EMS Advisory Board members to review, discuss and refine the proposed state EMS Plan.

August 2010 – The state EMS Advisory Board will review, discuss and vote to approve the state EMS Plan.

Mid September 2010 - EMS Advisory Board approved state EMS Plan submitted to the members of the Board of Health.

October 2010 – Office of EMS and Chair of the state EMS Advisory Board will present the state EMS Plan to the Board of Health for their review and approval.

Appendix F

The Division of Educational Development (DED) presented a program to the EMS Advisory Board in August of 2005 titled "Initiative 2009" outlining steps the EMS system in Virginia should take to implement relevant recommendations in the "National EMS Agenda for the Future" and the "EMS Education Agenda for the Future: A Systems Approach." These recommendations address initiatives suggested by DED staff with input from the Professional Development Committee. The following concepts described in the "Initiative 2009" document were supported by the state EMS Advisory Board:

Initiative 2009

In a pledge to address future system needs, the Division of Educational Development (DED) will work in partnership with localities, EMS agencies, training institutions and the regional EMS councils to respond to the following EMS issues: access to training; educational standards; workforce development; and economic opportunity.

DED commits to achieving the following eight goals:

- Accreditation of EMS Programs
  - Assure the education component provides adequate and appropriate resources to promote student success.
- EMS Training Funds Program
  - Promote and expand quality EMS training by providing an equitable and standardized system for the distribution of educational funds.
- Competency-based Training Programs
  - Align the EMS educational process to that of other allied health professions to promote the professionalization of EMS by assuring competent entry-level providers.
- Access to New Education Technologies (convergence)
  - Enhance electronic services to promote educational access and opportunities, including web-based continuing education programming.
- Enhance the Certification Process
  - Strengthen the certification process by substituting the practical examination with successful completion of a recognized competency–based training program conducted by an accredited site and the use of computer technology for written state EMS certification examinations.
- Expanding Quality Assurance
  - Provide feedback upon which improvements can be identified through maintenance and review of program documentation based upon accreditation standards.
- Increasing Automation
  - Enhance the Office information technology and telecommunications platform through improvements to the course management system and implementation of an improved provider management information system.
- Promote Dual Enrollment
  - Support the VCCS dual enrollment initiative to foster EMS education in the high schools as a workforce development tool.

Following the August 2005 EMS Advisory Board meeting, the division launched the process to achieve the objectives listed in Initiative 2009. As a result of lack of understanding and misinformation, these initial attempts by the Office of EMS to implement the objectives outlined in Initiative 2009 were met with strong resistance and concern. Many of the concerns came from EMS agencies and providers in rural areas of Virginia. Concerns ranged from all EMS training would be placed in the community college system resulting in direct expenses to volunteers to limited access and availability of advanced life support training programs in rural Virginia, resulting in limited ALS care in rural areas of the state. Due to the inability of the Office to educate and inform the EMS community about the purpose and desired outcomes of Initiatives 2009, initial efforts to develop and implement programs had to be delayed. The good news is that many of the objectives outlined in "Initiative 2009" have occurred naturally over time as the EMS system has developed, evolved and matured.

Today the EMS system in Virginia is viewed as a leader across the country. In order to understand "where we are" and "how we got here," it is important the Office of EMS communicates the status of major program achievements that have occurred in the four (4) years following the approval by the EMS Advisory Board of the concepts of Initiative 2009.

- **Accreditation of EMS Programs**
  - **Assure the education component provides adequate and appropriate resources to promote student success.**

Purpose: To assure students enrolled in Intermediate or Paramedic training programs have the greatest opportunity for success based on their investment of time and money by providing a mechanism accepted by the EMS educational community that ensures adequate resources exist for conducting all aspects of the EMS educational program.

History: This program was actually initiated in 1996 for Paramedic programs. With the adoption of the EMT-Intermediate 99, the timing was appropriate to address some of the growth issues experienced with the Shock Trauma and Cardiac levels that resulted in inconsistent educational programs and variations in patient care. Beginning in 2002, all Paramedic and Intermediate programs must be accredited, either from a national organization such as CoAEMSP/CAAHEP or from the Office of EMS. These program requirements were placed in EMS Regulations and adopted by the Board of Health in 2003. Because of greater resource requirements, it was necessary to develop an accreditation process for Intermediate 99 and Paramedic programs. In spite of continued concerns expressed by some stakeholders in the EMS system about accreditation of EMS

educational programs, the Office of EMS resisted removing this program. In fact, this program was considered so important for the continued growth and maturation of the EMS system that OEMS requested and was granted permission to hire a full-time employee dedicated to monitor the quality of ALS educational programs in VA.

Impact: All of Virginia's Intermediate 99 and Paramedic programs are either state accredited or nationally accredited through CoAEMSP. The numbers of total ALS providers have continued to increase. In January 2002 there were 2,677 cardiac technicians, 81 EMT-Intermediate 99s (total 2758), and 2,984 paramedics. As of April 2009, Intermediates total 2879 (all cardiac technicians phased out as of December 2008) for an increase of providers at this level of 121 and paramedics number 3,891 for an increase of 907. Further, Virginia is at or above the national pass rate average for the National Registry exam.

National Registry has indicated that as of January 2013, National Registry Paramedic test eligibility will require the applicant to graduate from a nationally accredited paramedic program. Virginia had the foresight to initiate this process13 years ago placed greater emphasis again in 2003. As such, Virginia is among only a hand full of states that are prepared for the National Registry requirements. Many states have not even begun this process which can take from 12 to 18 months to achieve for each program.

Status: Completed – As of April 2009, there are a total of 43 accredited primary and alternate Intermediate and or Paramedic sites in Virginia that provide an estimated coverage such that 95% of the state is within a 30 mile radius of a program. Paramedic programs are beginning to be re-accredited. All paramedic programs seeking state re-accreditation must obtain national accreditation issued by CoAEMSP. OEMS is now in the maintenance phase of the accreditation process and current focus is on the re-accreditation of Intermediate programs.

- **EMS Training Funds Program**

Purpose**:** Promote and expand quality EMS training by providing an equitable and standardized system for the distribution of educational funds.

History: EMS funding had been available for EMT Instructors only as a re-imbursement program since the early 1980s. In the early

1990s, approximately $280,000 was set aside to initiate an ALS grant funding program. With the initiation of the Intermediate program and the requirement that adequate educational resources must be available prior to starting, the Office was able to establish the ALS Training Funds (ALSTF) program. Fortunately, this was at the same time that the Office funding stream was increased, making more funds available for system support. With about 10 years of experience with the ALS Funding grant program, the Office was able to identify many procedural improvements and enhancements. The Office with the aid of the Professional Development Committee and the Regional EMS Councils developed an outcomes based ALSTF program. Financial support for the program is based on the number of candidates that successfully complete a course, become certified and affiliate with a licensed EMS agency. These incentives were developed to help improve the recruitment and retention of EMS providers. The program awards funding for:

1) Accreditation
2) Initial Courses
3) CE
4) Auxiliary Programs
5) Tuition
    a. Individual
    b. Organizational

The ALSTF allowed for greater flexibility and funding sources than did the EMT Instructor Re-imbursement program. Because the EMT Instructor re-imbursement program was more rigid and utilized a completely different administrative process, instructors experienced some confusion between the two. The Office desired to standardize the two programs, promoting their flexibility and retaining the outcomes based process for both. During the 2008 General Assembly, a bill was introduced and passed that provided an additional $.25 to the Four for Life funding stream dedicated for the certification and recertification of EMS personnel. The additional revenue for EMS approved by the legislature allowed the Office to standardize the two processes and establish a new EMSTF (Emergency Medical Services Training Fund). Originally the Office had $1.2 million for ALSTF and $300,000 for EMT Instructor funding. With the new funding stream and moving all funding to a standardized process, there now exists $3 million to support EMS educational opportunities that will lead to improved recruitment and retention of EMS providers. The EMSTF started July 1, 2008 and as of mid March 2009 all funds for this program had either been expended or obligated.

Impact: Funding to conduct EMS training programs was increased for the first time in fifteen (15) years. The EMT Instructor and ALS Training Funds programs were standardized and EMT instructors can now accept funding from sources other than the state. Funding to pay for the true costs of conducting EMS Training programs is available to EMS Instructors. Tuition funding for students to attend EMT level training courses is now available. In the first year of its existence, the fund has been able to provide just over $3 million dollars toward EMS education. The funding is providing greater resources for training, certification and re-certification than has ever existed. The program provided state of the art simulation manikins, adult and child, as well as virtual intravenous trainers to all accredited programs. With the growing need for EMS providers, this fund will help fill the pipeline of individuals available to volunteer and work in EMS. Due to the state budget deficit, there is $600,000 less in funding available for FY2010 to support EMS education, affecting both volunteer and career EMS providers and agencies.

Status: Completed –A standardized, outcome based funding stream for the Virginia EMS system exists to support training, certification and recertification of EMS providers. Unfortunately, due to state budget deficits, the Office lost $600,000 from this funding stream to support the Virginia State Police MedFlight program. With the loss of the $600,000, it is anticipated that the funding, which only lasted 9 months in FY2009 to be exhausted in less time during the upcoming fiscal year.

- **Competency-based Training Programs**

Purpose: Align the EMS educational process with other allied health professions to promote the professionalization of EMS by assuring adequate educational resources that promote competent entry-level EMS providers.

History: As far back as the 1970s, concern has always been how to best assure the skill competency of the EMS providers. In the 1980s, additional time was added to the EMT curriculum to address skills competency. With a total re-write of the EMT curriculum in the early 1990s, skill competency was seen as an ever increasing concern, noted by instructors and evaluators alike while evaluating candidates at Virginia practical certification examinations. Over the many years, various ad hoc subcommittees of the Professional Development Committee

submitted reports that repeatedly identified three specific weaknesses of EMS education in Virginia: 1) EMT Instructors were not doing their job. 2) EMT certification test evaluators were not properly assessing the students' performance. 3) Students lacked motivation to pursue greater competency. After multiple attempts to correct these issues, the Office proposed to initiate a voluntary accreditation process for BLS training programs modeled after the success seen at the ALS level. Such a program would require specific resources, the ability to use individuals to teach classes that do not possess EMT-Instructor certification, and the use of labs and field internships to assess the competency of students to successfully demonstrate and perform a specified number of applications of identified patient care skills. This approach, although very successful at the ALS level, had never been applied by the state to the EMT level. Once again, these proposed changes were met with resistance and misinformation. In response to these concerns, the Office formed a subcommittee that ultimately stopped meeting before their work was completed. In order to objectively evaluate the proposed program standards, the Office established four (4) additional subcommittees of PDC to address the identified weaknesses in the EMS educational process used in Virginia. Once these committees were established and began investigating their assigned tasks, the Office received and ultimately denied a variance from an EMS training program to allow partial use of the proposed BLS accreditation process to conduct EMT education. Approval of the variance without established guidelines would have resulted in de-standardization of EMT Basic education.

The Office designed a competency based program and authorized several EMS agencies to conduct EMT-B pilot programs using a draft proposal of the BLS accreditation standards. The pilots were intended to help refine the Office's draft proposals for accreditation at the BLS level. The EMS agencies conducting pilot programs met regularly and offered recommendations to improve basic EMT training to the Professional Development Committee. The approved EMS agencies were given two years to conduct competency based EMT pilot programs. During this time, four rural EMS agencies requested and were incorporated into the pilot study.

Impact: Based upon the evaluations of instructors, students, and evaluators from multiple programs from various areas of the state, this approach was a resounding success. Evaluators at test sites indicated it was easy to identify students in the pilot

programs based solely on their competency performing the practical skills. The instructors all had nothing but good things to say about the program and felt students demonstrated greater confidence and competency in performing skills.

Status: Completed - The program was such a success, that the Office authorized the approved pilot programs to continue until the new proposed EMS regulations that include as an optional BLS accreditation process are approved.

- **Access to New Education Technologies (convergence)**

Purpose: Enhance electronic services to EMS personnel and promote access to educational opportunities, including web-based continuing education programming.

History: For the past several years, the division has been working to establish and expand web based educational opportunities. After investigating various Learning Management Systems (LMS) "TrainVA" was selected. TrainVA is a LMS sponsored by the Health Department through a grant from the Public Health Foundation which allows the Office and EMS providers unlimited, free access to educational content hosted on the site. The continuing education credits obtained by Virginia EMS providers for completing programs on TrainVA are automatically transferred to their technician database maintained by OEMS. This process was initiated in the spring of 2007 and the first program was posted in the summer of the same year. The Office designed and implemented a policy for the inclusion of "third party" vendors. In addition to TrainVA, there are four commercial vendors who participate in providing online continuing education:

1) 24-7 EMS
2) Centrelearn
3) TargetSafety
4) HealthStream (in the later stages of being confirmed)

Impact: To date, the Office has posted 41 programs on TrainVirginia. A combined total of approximately 358 programs are available from commercial vendors recognized by OEMS. There are 6,900 EMS provider accounts on TRAINVirginia and over 14,588 CE hours have been earned.

Status: On-going. The Office continues to receive inquiries from vendors requesting information on how to become a Virginia EMS recognized continuing education program provider.

- **Enhance the Certification Process**

Purpose: To strengthen the certification process by substituting the practical examination with successful completion of a recognized competency–based training program conducted by an accredited site and the use of computer technology for written examinations.

History: Part of this initiative has been discussed above in review of the third component; "Competency Based Training Program." Other items under consideration for this component are allowing competency based accredited programs to use course practical evaluations in lieu of state certification practical examinations and the use of computer testing for the written state EMS certification exam. Due to difficulty developing programming for the accreditation/competency based procedures and insufficient time to develop the necessary polices to implement these processes, the remaining two items had to be placed on hold.

The Office, working closely with the Atlantic Emergency Medical Services Council (AEMSC) has been able to initiate the necessary steps toward implementing computer testing. The AEMSC is completing work to move the test generator program to a web interface. Once this is accomplished, the next step will be to develop the web testing component. The development of a web testing component will take some time and will require financial support from each member state (NJ, PA, WV, DE, MD, DC, VA, and NC). However, this project will remain as a significant focus of the council.

In addition, the AEMSC is looking to re-introduce the concept of developing written ALS examinations similar to that of BLS written examinations.

Impact: The Office has developed a competency based program and BLS accreditation standards and is awaiting the outcome of the proposed EMS regulations for implementation. OEMS will continue to work with other AEMSC member states to ensure valid, psychometrically sound and legally defensible written certification examinations are available. Virginia currently conducts in excess of eight thousand state certification examinations a year.

Status: The division considers this component 50% complete.

- **Expanding Quality Assurance**

  Purpose: To provide feedback to Program Directors of accredited EMS Educational programs in order to make improvements in the quality and administration of these programs.

  History: Although optional for many years, the division initiated the requirement that all basic BLS programs must submit enrollment forms starting July 1, 2006. This process was initiated to verify the eligibility of EMS provider applicants sitting for the state certification examination. The Office also uses data collected from these forms to determine the impact of attrition, failure and successful program completion rates and the overall impact on the certification of EMS providers. In addition, these efforts provide information to measure performance of EMS education programs and identify weaknesses and strengths in the system. OEMS is now at a point where the data collected can be used to help promote a stronger EMS education system. To further quality assurance, the Office initiated and supported a collaborative effort with the Virginia Community College System (VCCS) to standardize the EMS curricula among their various campuses. Quality educational programming was further assured at the high school level through Office coordinated meetings with Department of Education (DOE) that established EMT program standards and guidance to high schools desiring to conduct EMS training.

  Impact: The Office and EMS Instructors are able to produce outcome reports that demonstrate the level of success for their programs. OEMS is now able to produce outcome reports for state, regional, local and individual instructors that can assist in identifying areas requiring improvement. With this data, the Office, working with EMS educators, is looking to establish standards for program outcomes as a measure to assure the quality and success of EMS education programs.

  Status: This component is dynamic and must be maintained to assure the continued appropriate maturation of EMS Education in VA.

- **Increasing Automation**

  Purpose: Enhance the Office information technology and telecommunications platform through improvements to the course management system and

implementation of an improved provider management information system.

History: Due to new technology standards initiated by the state, the ability to promote greater use of electronic resources has been delayed. These delays are related to changes required to assure a greater degree of security, standardization and recovery for state data operations. A great deal of time and effort has been spent to ensure all OEMS database applications are operating on the appropriate version of our data management system. Although these activities have taken a majority of our IT development time, it positioned the division to open access to EMS constituents via web interface. In addition, the Office has developed software that allows the use of optical scanners and bar-coding technologies to record continuing education credits and update the technician and recertification records of EMS providers. Tested at the 2008 EMS Symposium, the Office anticipates release of this technology EMS Instructors and other authorized users by summer 2009.

Impact: The upgrade and web interface capability has allowed the Office to offer real time and improved access to the following resources and information:

1) Approved courses and search capability
2) Improved search capabilities for EMS providers by primary EMS agency affiliation and name
3) EMS agency list by location
4) EMS instructor module
5) Continuing education report (available to instructors only, until new server is installed and operational)
6) Change of address (available to instructors only, until new server is installed and operational)
7) File update feature for external vendors to upload CEe
8) EMS Provider access to CE reports and ability to complete change of address requests (waiting for new servers to be placed online)
9) Interface to upload the electronic CE records to oracle for total automation.

The implementation of scanner technology will significantly reduce the number of errors associated with the submission of CE. Once the new server is placed online, EMS providers and agencies will have access to real time data and the ability to update personal data. In addition to CE records, OEMS anticipates the provider will also be able to perform an online query and print their test eligibility letter.

Status: Completed. Further development will occur in the future.

- **Promote Dual Enrollment**

Purpose: Support the VCCS dual enrollment initiative to offer EMS education in the high schools as a workforce development tool.

History: The Office initiated this component prior to *Initiative 2009*. Efforts have continued using EMS instructors active with high school programs and in conjunction with the Virginia Department of Education. Standards and criteria for high school based EMT programs were developed and are accessible from the Office web page as well as DOE. High school based EMT programs are supported by the EMS community as an opportunity to increase and improve the recruitment and retention of EMS providers.

Impact: The results of this program, although well received by the more mature high school students, have not had the desired impact on recruitment and retention of EMS providers. The latest data shows the following statistics based upon data starting from August 2006:

High School Programs

Enrolled	Certified	Passed	Failed	Withdrew	Incomplete	No status	Totals
1017	268	691	77	73	131	45	1017
% of enrolled	26%	68%	8%	7%	13%	4%	100%

The difference between certified and pass is that pass indicates successful completion of the program. Certified indicates the number passing the state EMS certification exam.

The overall state statistics for the same time frame for all EMT programs excluding high school classes:

For all EMT Basic Programs

Enrolled	Certified	Pass	Failed	Withdrew	Incomplete	No Status	Totals
14090	7989	10720	599	2149	419	203	14090
% of Enrolled	56%	76%	4%	15%	3%	2%	100%

Status: Completed. Although this program has established guidelines, the local school systems seem to participate with various levels of compliance. OEMS is looking at this process to determine if there is evidence that the program is beneficial and achieving the desired effect of increasing the number of providers in the EMS workforce. The future use of EMSTF for these programs will be examined.

Appendix G

S.T.A.R.T. versus S.A.L.T.

Karen C. Owens

Basic Information on S.T.A.R.T.

- Simple Triage and Rapid Treatment
- Four categories
  - Red - immediate
  - Yellow - delayed
  - Green – “walking wounded”
  - Black – deceased/non-salvageable

Pros of START

- Simple to teach
- Quick Assessment
  - Designed to be 30 seconds/patient
- ICS Integration
  - Meets ICS standards
- Allows for categorization of patients who probably will not survive even with immediate care
- Triage Tagging System
- Can use non-certified providers to conduct triage

Cons of START

- Secondary Triage is weak
  - Does not focus on effects of treatment to determine change in category

- Not 100% accurate

Basic Information on S.A.L.T.

- Sort, Assess, Life Saving Interventions, Treatment/Transport
- Five Patient Categories
  - Expectant
  - Immediate
  - Delayed
  - Minimal
  - Dead

Pros of S.A.L.T.

- More detailed initial triage assessment
- Designed for all age groups

Cons of S.A.L.T.

- Cost
  - Training Personnel
  - Tagging System
- Initial triage process requires visual sight of patients
- Relies on medical actions in the hot zone
  - Chest decompression
  - Auto injector antidotes
- Relies on certified EMS providers to conduct the triage
- Triage not organized by “first available patients”
- Already a S.A.L.T.T. acronym

Conclusion

- Standard state system is already part of Commonwealth EMT curriculum
- Training provided for free throughout the Commonwealth
- Current system is utilized by boundary states

Appendix H

POSITION PAPER: OEMS position on the future of the CISM program

DATE: Approved by

Definitions:

Critical Incident Stress Debriefing: refers to the "Mitchell model" 7-phase, structured group discussion, usually provided 1 to 10 days post crisis, and designed to mitigate acute symptoms, assess the need for follow-up, and if possible provide a sense of post-crisis psychological closure.

Critical Incident Stress Management: a comprehensive, integrative, multi-component crisis intervention system

Background:

For several years the efficacy of CISM has come into question. The Office of EMS has maintained a state level CISM program since 1986 and now supports a full-time CISM position, a CISM Standing Committee of the State EMS Advisory Board, an annual CISM Training Conference and much more. The Code of Virginia also states that the Office of EMS is responsible for "establishing and maintaining a process for crisis intervention and peer support services for emergency medical services and public safety personnel, including statewide availability and accreditation of critical incident stress management teams". The Code of Virginia created the State Emergency Medical Services Advisory Board for the purpose of advising the State Board of Health concerning the administration of the statewide emergency medical care system.

As such, the Governor's EMS Advisory Board has created an Ad Hoc Committee to review the research on CISM and make a recommendation back to the board on the future direction OEMS should consider regarding CISM, i.e. should the Office continue CISM under the Mitchell Model or move away with a focus on pre-incident education and post-incident response that focuses on meeting basic needs, generalized cognitive reframing and recognition of people in extreme distress in need of serious psychological care

Position:

After reviewing currently published research on the theories of post critical incident stress management, the Office of Emergency Medical Services has identified the following items:

- Each individual exposed to a critical incident will handle the psychological impact differently.
- Not every individual exposed to a critical incident requires psychological intervention
- There are many methods available to assist in coping with the effects of critical incident stress exposure.
- Researchers have not reached a consensus on which is the best method to minimize the effects of exposure to a critical incident.
- The current CISM structure within OEMS focuses its teachings and methods on only one theory of coping with the effects of critical incident stress exposure. This provides limited options to choose from in assisting individuals who are experiencing the effects of critical incident stress.
- Controversy exists regarding the efficacy of debriefings.

Recommendation:

Therefore it is the decision of the State EMS Advisory Board that the Office of EMS restructure its current CISM program to recognize and incorporate additional teachings and methods of coping with the effects of critical incident stress exposure. The restructure will allow for program modifications based on ongoing research on the effectiveness of crisis intervention methodologies. This restructure will also provide opportunities to train all responders in the recognition of possible effects of exposure to critical incidents and will take a broader focus on crisis intervention in Emergency Medical Services.

Resources

ICISF (2009). *A primer on critical incident stress management (CISM)*. Retrieved 01/26/2009 from ICISF website: http://www.icisf.org/about/cismprimer.cfm.

State EMS Advisory Board

Motion Submission Form

X **Committee Motion:** Name: __CISM Ad-Hoc Committee_____

□ **Individual Motion**: Name: _____

Motion:

Therefore it is the decision of the State EMS Advisory Board that the Office of EMS restructure its current CISM program to recognize and incorporate additional teachings and methods of coping with the effects of critical incident stress exposure. The restructure will allow for program modifications based on ongoing research on the effectiveness of crisis intervention methodologies. This restructure will also provide opportunities to train all responders in the recognition of possible effects of exposure to critical incidents and will take a broader focus on crisis intervention in Emergency Medical Services.

EMS Plan Reference (include section number):

Committee Minority Opinion (as needed):

While all members of the committee supported the shift of the CISM program to a crisis intervention model, there was one committee member who believed that debriefings should not be one of the methodologies taught or supported by the Office of EMS CISM program.

For Board's secretary use only:
Motion Seconded By:

_____

Vote: _____ YEA _____ NAY _____ ABSTAIN

Board Minority Opinion:

_____
_____
_____

Meeting Date: _____