Virginia Department of Health

Office of Emergency Medical Services

Quarterly Report to the

State EMS Advisory Board

Wednesday, November 6, 2013

Executive Management, Administration & Finance

Office of Emergency Medical Services
Report to The
State EMS Advisory Board
November 6, 2013

MISSION STATEMENT:

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

I. Executive Management, Administration & Finance

a) Action Items before the State EMS Advisory for November 6, 2013

1) Motion - To approve the activity plan from the Training and Certification Committee to meet requirements of HB1856 regarding disparities in training. Motion attached as **Appendix A**.
2) Motion - To adopt the revised Procedures and Formulary grids using evidence-based practice medicine to enhance prehospital care in Virginia. Motion and document attached as **Appendix B**.
3) Motion - To approve the State EMS Plan - **Appendix C.**

b) Nominating Committee's Slate of Officers for 2014

The Governor's EMS Advisory Board Nominations Committee met on Thursday, October 3, 2014 to finalize their Slate of Officers nominations. The Nomination Committee consisted of Dr. Marilyn McLeod, Chris Eudailey, Larry Oliver, Matt Tatum, and Brian Hricik. This report was distributed to all Board members on Friday, October 4, 2013.

The Nominations Committee respectfully submits the follow Slate of Officers for elections during the 2013 EMS Advisory Board Meeting:

Governor's Advisory Board Chair – Gary Critzer
Governor's Advisory Board Vice Chair – Dale Wagoner

Administrative Coordinator – Gary Samuels

Rules and Regulations Committee Chair – Gary Samuels
Legislative and Planning Committee Chair – Chris Eudailey

Infrastructure Coordinator – Matt Tatum
Transportation Committee Chair – Matt Tatum
Communications Committee Chair – Gary Critzer

Patient Care Coordinator – Allen Yee
Medical Direction Committee Chair – Marilyn McLeod
Medevac Committee Chair – Anita Ashby
Trauma Systems Oversight and Management Committee Chair – Ajai Malhotra
EMS for Children Committee Chair – Robin Foster

Professional Development Coordinator – Larry Oliver
Training and Certification Committee Chair – Larry Oliver
Workforce Development Committee Chair – Dreama Chandler
Provider Health and Safety Committee Chair – Brian Hricik

c) 12-Lead ECG Questionnaire

The following notice has been sent to 530 Designated Emergency Response Agencies (DERA)

The Virginia Heart Attack Coalition (VHAC) in conjunction with the Virginia Office of EMS has developed a short questionnaire to assess the availability and use of 12-lead ECG devices by EMS agencies in Virginia. In order to prepare for this questionnaire, your EMS agency's designated point of contact may review a copy of the questions at: www.vdh.virginia.gov/OEMS/Files_page/12LeadECGQuestions.pdf.

In most cases, EMS agency "super user" contacts from the EMS Portal are being used as an initial point of contact for completion of this questionnaire. You will be receiving an email with a link to the online questionnaire before the end of this week. Please note, if you are not the most appropriate person from your EMS agency to complete this questionnaire, please share this information with the individual responsible from your agency. Please complete only one (1) questionnaire for your EMS agency.

Please note: When responding to the questionnaire, be sure to include all entities that operate under and submit patient care reports using your EMS agency license number. **Please complete the online 12-lead ECG questionnaire on or before Friday, November 15, 2013.** The questionnaire will take approximately 10 minutes to complete.

As an incentive to complete the survey, the VHAC Steering Committee will hold one STEMI Showdown in the regional EMS Council area that has the highest percentage of respondents to the questionnaire, as well as the Regional EMS Council area that has the greatest increase in response rate compared to the completion rates from the 2012 EMS Needs Assessment. STEMI

Showdown uses audience response technology to teach EMS providers how to identify a STEMI in a fun and interactive class setting.

For additional information about the Virginia Heart Attack Coalition, please visit their website at www.virginiaheartattackcoalition.org.

Thank you for taking the time to complete this important questionnaire about this vital resource that can make a difference between life and death.

d) 2013 General Assembly EMS Studies/Reports Update

During the 2013 session of the Virginia General Assembly, a number of bills were passed and approved by the legislature and Governor that directed the Office of EMS to study and/or amend existing regulations, policies and procedures related to certain components of the EMS system and report our progress and actions.

The following information is provided as an update for the Board. In some cases, no further action is required. In the case of HB1856, a progress report must be submitted to the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health no later than December 1, 2013.

The Executive Committee of the state EMS Advisory Board met on Thursday, October 10, 2013 and approved the items referenced below on behalf of the full membership of the state EMS Advisory Board. This action was necessary because the full Board was not scheduled to meet again until after the October 16, 2013 deadline for submission to the Commissioner.

I. HB1856 Emergency Medical Services; Board of Health to develop policies related to statewide providers

HB1856 was introduced by Delegate Orrock that instructed the Board of Health (Board) to direct the state EMS Advisory Board to develop and facilitate implementation of (i) a process for informing an emergency medical services provider who has received an adverse decision relating to his authority to provide emergency medical care on behalf of an agency of the process for appealing that decision and (ii) a standard operating procedure template to be used in the development of local protocols for emergency medical services personnel for basic life support (BLS) services. The bill also requires the Board, in cooperation with the State Emergency Medical Services Advisory Board, to review training for emergency medical services personnel and address disparities in the delivery of training and availability of training for emergency medical services personnel. *The Board shall report on its progress in meeting the requirements of this act to the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health no later than December 1, 2013.*

The bill as originally introduced was amended in the nature of a substitute bill. After discussions with Delegate Orrock, he changed his bill to a Section One bill. As a Section One bill the language is not to be codified into the Code of Virginia; but is included in the Acts of Assembly – 2013 session. Legislative Information Services will monitor the progress of the assignments in

this bill until the projects are completed to the satisfaction of the House committee on Health, Welfare and Institutions (HWI) and the Senate committee on Education and Health.

At the February 15, 2013 state EMS Advisory Board meeting the following work assignments were made to address the requirements of HB 1856:

(1) Study EMS certification and training programs - Training and Certification Committee
(2) BLS patient care treatment template – Guidelines workgroup of the Medical Direction Committee
(3) EMS provider appeals process – Medical Direction Committee and Rules and Regulations Committee

Over the last eight months, a great deal of work has been accomplished by OEMS staff and volunteer committee members to address the items identified above in HB 1856.

A. Training Disparities, Delivery and Availability of Training

The Training and Certification Committee (TCC) accepted the charge and formed a workgroup to investigate and provide recommendations addressing the aspects of HB1856 related "to review training for emergency medical services personnel and address disparities in the delivery of training and availability of training for emergency medical services personnel".
The workgroup held several webinars and compiled useful information for addressing the training and education issues related to HB1856. Upon their final review of the data from their survey, the workgroup determined there was insufficient evidence that any action was specifically needed unless the Office wanted to initiate regulations that in their view would be overly burdensome on Education Coordinators and EMT programs. Findings from a similar study conducted by OEMS in 2000 based upon HJR 164 were also reviewed. The workgroup felt that such action would be more of an obstruction than helpful due to the variability of educational needs across the Commonwealth. The workgroup requested the Office of EMS to schedule a meeting with Delegate Orrock to review their findings and provide guidance to address his concerns. Members of the Office of EMS met with Delegate Orrock on April 2 and September 25 to discuss the concerns he identified in HB1856 and to verify he was satisfied with the direction and approach taken by the workgroup.

The TCC appointed workgroup presented a progress report of their findings at the October 9, 2013 meeting of TCC and made recommendations for action by the state EMS Advisory Board.

B. BLS Patient Care Treatment Template

A Patient Care Guidelines workgroup of the Medical Direction Committee of the State EMS Advisory Board was formed and began work on developing guidelines for BLS patient care treatment guidelines approximately 18 months ago, well before HB1856 was introduced. Dr. George Lindbeck, State EMS Medical Director has been working with a group of physicians, providers and administrators to develop a template for use by EMS agencies and regional EMS Councils for the development of patient care treatment guidelines.
On Thursday, October 10, the Medical Direction Committee reviewed and accepted in draft form, a template for BLS patient care treatment guidelines. Members of the Medical Direction

Committee requested additional time to review and comment on the BLS guidelines and Dr. Marilyn McLeod, Chairperson of the committee established a target date of April 10, 2014 for the completion of this project and final approval.

C. EMS Provider Appeals Process

OEMS staff, Drs. McLeod and Lindbeck, along with input from the Rules and Regulations Committee of the state EMS Advisory Board developed a template that could be used by EMS agencies that currently do not have a process for EMS providers to follow who have received an adverse decision by their medical director relating to their ability to practice. There was much debate and lively discussion on the part of the medical community concerning their scope of responsibility and authority to provide and oversee the medical direction of EMS providers.

On Thursday, October 10, the Medical Direction Committee reviewed and voted to unanimously accept a document describing the "EMS Provider Appeals Process" and a template for Provider Appeals. Physician Medical Directors on the Medical Direction Committee stated during the meeting it is important the reconsideration of decisions regarding the ability of an EMS provider to practice are made at the EMS agency level. In addition, all decisions made by a committee formed to review the recommendations of the physician medical director are non-binding but should be considered in the physician medical directors' final decision regarding the ability of the EMS provider to practice.

NOTE: Each of the three components of HB1856 is included in a *"Report on the Progress in Meeting the Requirements of HB1856"* that was provided to the State Health Commissioner on October 14, 2013 for her review and approval. This report must be submitted to the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health no later than December 1, 2013.

II. Emergency Medical Service Providers; Board of Health Shall Prescribe Regulations, Procedures, etc.

HB1622 and SB 790 were introduced and subsequently passed that amended §32.1-111.5 of the *Code of Virginia* by removing the requirement for EMS providers to take a written examination or obtain a waiver from testing from the relevant operational medical director (OMD) in order to recertify their EMS certification.

A Fast Track Regulatory packet was developed by OEMS and submitted for review. The regulatory packet was approved by OAG on August 6, 2013, reviewed and approved by DPB on September 9, 2013. At the present time, a review is in process by the Secretary of Health and Human Resources (SHHR). As of Friday, Oct. 11, the regulatory packet has been in the Secretary's office for 32 days.

III. Emergency Medical Services Personnel; Administration of Medications

HB1499 and SB773 were introduced and subsequently passed that amended §54.1-3408 of the *Code of Virginia* permitting certified EMS personnel acting within their scope of practice to administer drugs and devices pursuant to an oral or written order or standing order.

Passage of HB1499 and SB773 eliminated the requirement to obtain the signature of the medical practitioner who assumes responsibility for the patient at the hospital on the pre-hospital patient care report for an incident when a drug is administered or an invasive procedure is performed. However, before the requirement to obtain the signature of the medical practitioner can be eliminated, the Board of Pharmacy must first remove language pertaining to medical practitioner signatures in their existing regulations that appear in 12VAC110-20-500. The Board of Pharmacy met on June 18, 2013 and adopted changes in their regulations that allow the elimination of the medical practitioner signature requirement. A final exempt action to change the regulation became effective on September 25, 2013.

A Fast Track Regulatory package has been developed by OEMS and submitted to the OAG. At the present time, the review by the OAG is in process.

IV. Funding Provided to Trauma Centers – Appropriation Act, Item 290D

The annual Trauma Center Fund Report has been completed and submitted to the State Health Commissioner on April 19, 2013. As submitted, the report updates the format previously submitted and accepted. The distribution model used is currently under review by a panel of stakeholders and will be reflected in next year's report as applicable.

V. Changes to Virginia Association of Volunteer Rescue Squads (VAVRS) Financial Report

HB2315 Requires the Virginia Association of Volunteer Rescue Squads to submit an annual financial report on the use of funds received from the special emergency medical services fund to the State Emergency Medical Services Advisory Board Executive Committee. The OEMS Business Manager has met with the VAVRS Accountant, VAVRS Treasurer and the VAVRS Auditor. OEMS and VAVRS have agreed upon a new chart of accounts for VAVRS to report their financial information to OEMS. OEMS will continue to ensure that VAVRS submits the annual report to the Executive Committee which has been the past practice.

VI. Criminal History Check for EMS Personnel

HB1383 and SB1288 (identical bills) requires each person who applies to be a volunteer with or employee of an emergency medical services agency to submit fingerprints and provide personal descriptive information for the purpose of a state and national criminal history record check.

The Office of EMS is working with the Virginia Department of Health (VDH) executive leadership and the Virginia State Police to obtain the necessary equipment, supplies and develop policies and procedures for the implementation of FBI background checks for each person who, on or after July 1, 2013, applies to be a volunteer with or employee of an EMS agency. Because these tasks are not complete, there will be a delay in the enactment of these new requirements in the law (§32.1-111.5).

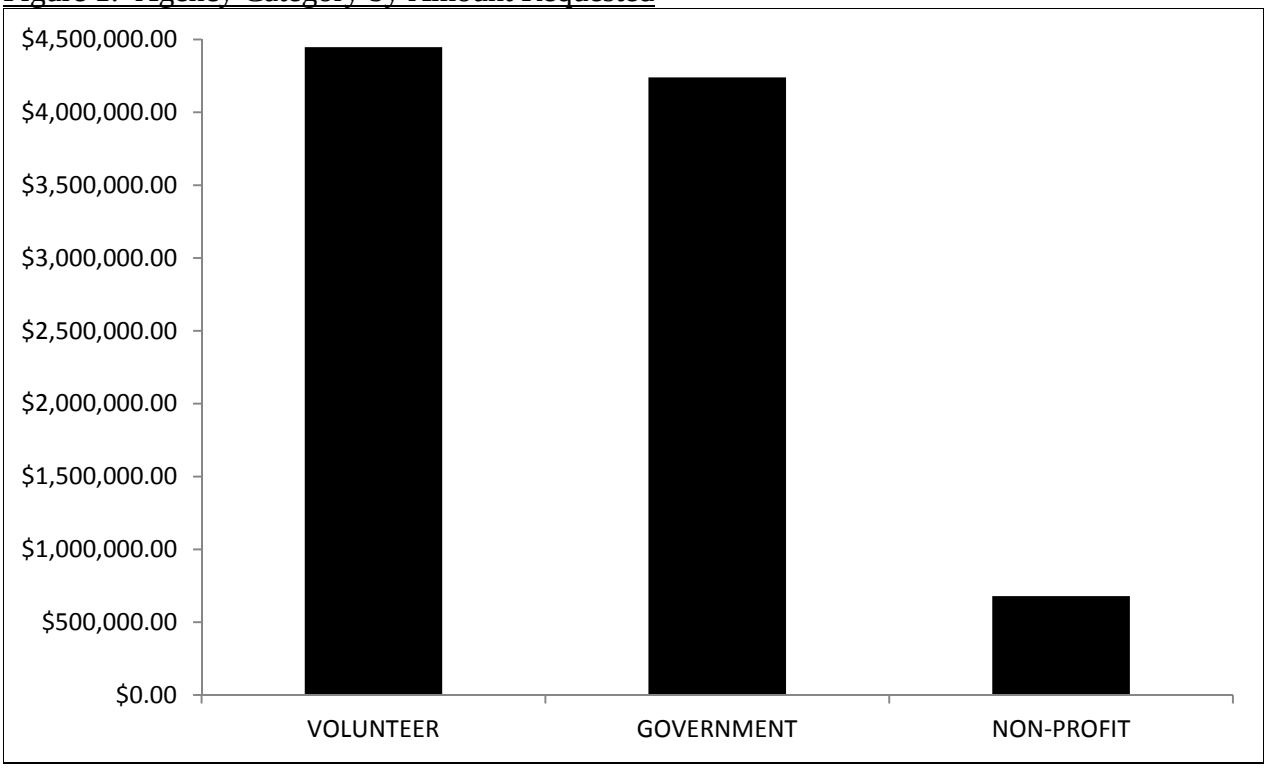
Once the Office of EMS can implement the new requirements in the law each person who applies to be a volunteer with or employee of an EMS agency will be required to submit

fingerprints and provide personal descriptive information (race, height, weight, eye color, hair color, etc.) to be forwarded by the Office of EMS through the Central Criminal Records Exchange (CCRE) of the Virginia State Police to the Federal Bureau of Investigation (FBI), for the purpose of conducting a state and national criminal history check.

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

The RSAF grant deadline for the Fall 2013 grant cycle was September 16, 2013, OEMS received 112 grant applications requesting $9,366,455.00 in funding.

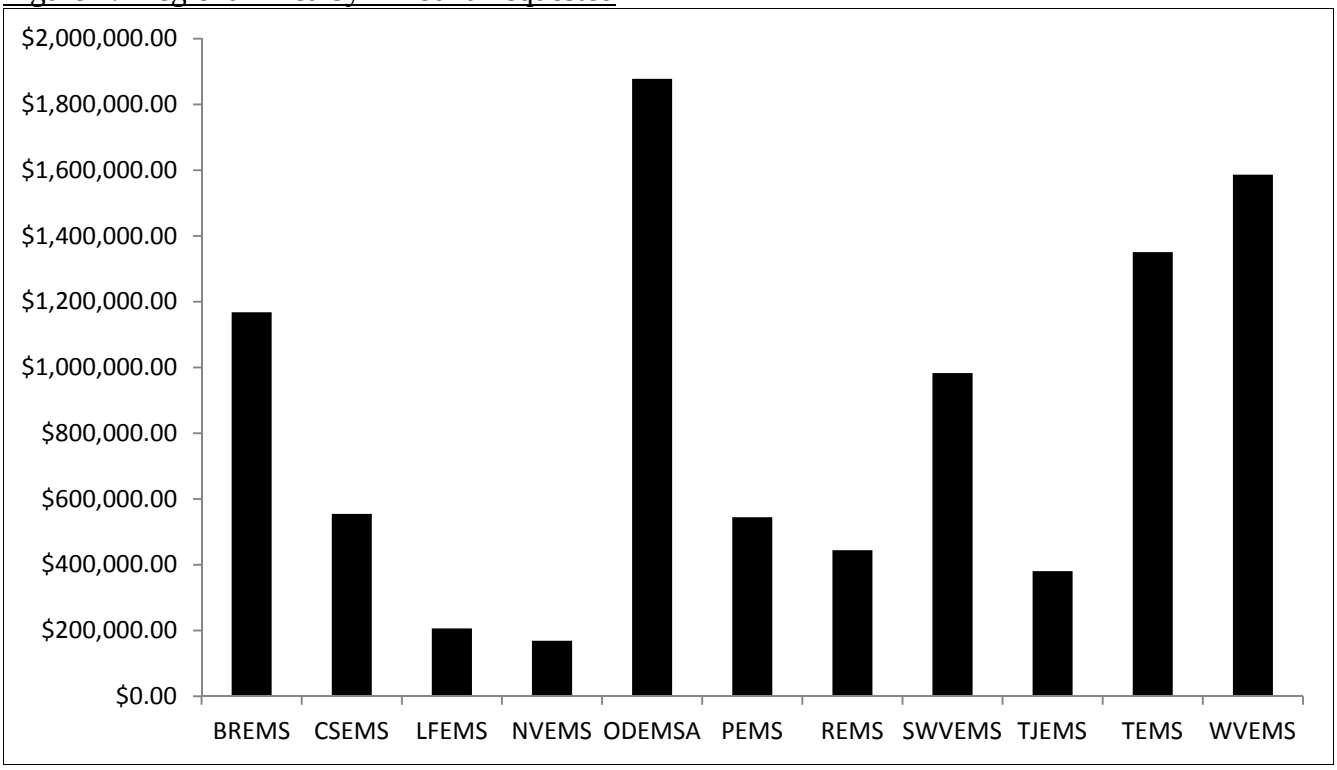
Figure 1: Agency Category by Amount Requested



Funding amounts are being requested in the following agency categories:

- 59 Volunteer Agencies requesting $4,447,397.00
- 37 Government Agencies requesting $4,240,248.00
- 16 Non-Profit Agencies requesting $678,810.00

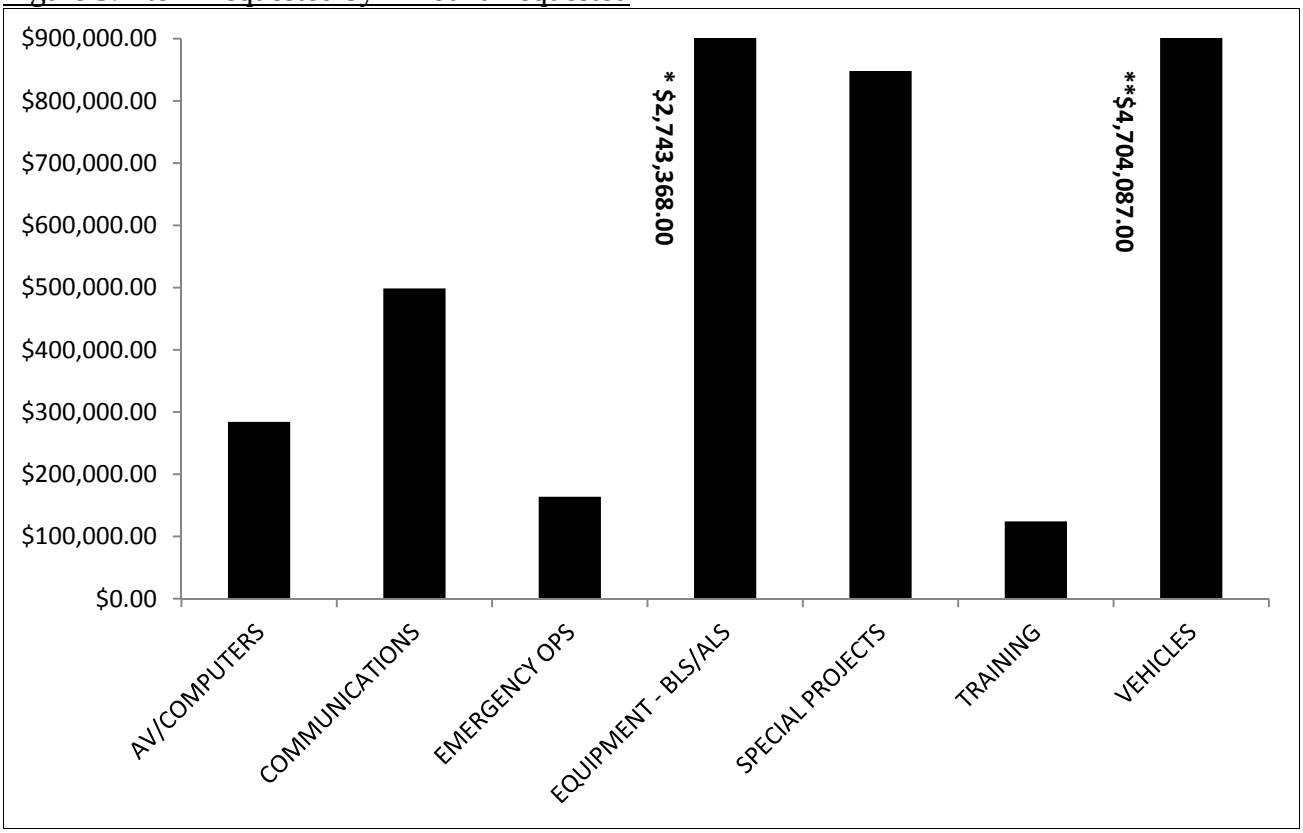
Figure 2: Regional Area by Amount Requested



Funding amounts are being requested in the following regional areas:

- Blue Ridge – 8 agencies requesting funding of $1,168,064.00
- Central Shenandoah – 8 agencies requesting funding of $554,561.00
- Lord Fairfax – 4 agencies requesting funding of $206,492.00
- Northern Virginia – 3 agencies requesting funding of $168,963.00
- Old Dominion – 19 agencies requesting funding of $1,877,821.00
- Peninsulas – 7 agencies requesting funding of $544,514.00
- Rappahannock – 6 agencies requesting funding of $444,492.00
- Southwestern Virginia – 18 agencies requesting funding of $982,988.00
- Thomas Jefferson – 5 agencies requesting funding of $380,435.00
- Tidewater – 11 agencies requesting funding of $1,350,814.00
- Western Virginia – 20 agencies requesting funding of $1,586,605.00

Figure 3: Item Requested by Amount Requested



***NOTE**: The EQUIPMENT – BLS/ALS category request amount was $2,743,368.00, the graph only represents items requested up to $900,000.00 to visually display other items requested.

****NOTE**: The AMBULANCES category request amount was $4,704,087.00, the graph only represents items requested up to $900,000.00 to visually display other items requested.

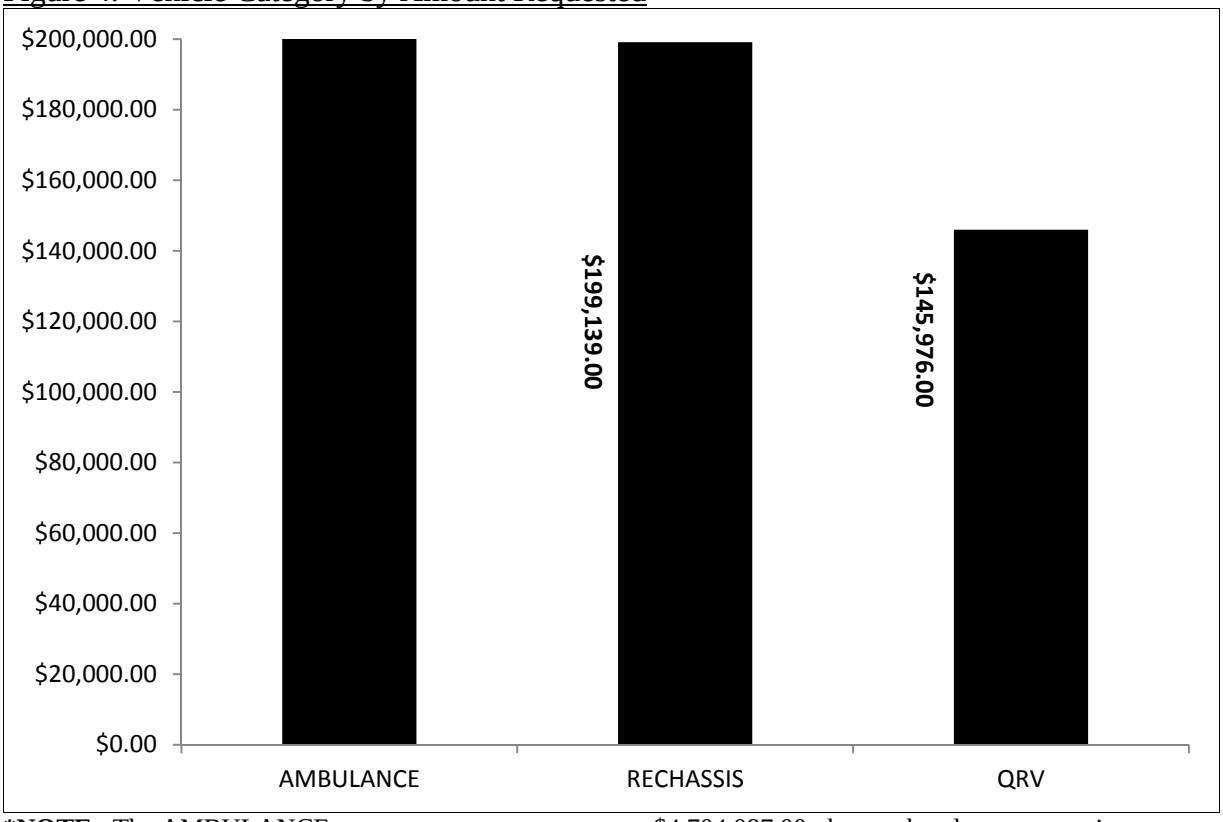
Funding amounts are being requested for the following items:

- Audio Visual and Computers - $284,152.00
  - Includes projectors, computer hardware/software, toughbooks, and other audio visual equipment.
- Communications - $498,617.00
  - Includes items for mobile/portable radios, pagers, towers, repeaters and other communications system technology.
- Emergency Operations - $163,871.00
  - Includes items such as extrication equipment, rescue diving, generators and equipment for mass casualty incidents (MCI). The Emergency Operations category also includes any other equipment or items needed in order to rapidly mobilize and dispatch help in emergency situations.

- Equipment - Basic and Advanced Life Support Equipment - $2,743,368.00
  - Includes any medical care equipment for sustaining life, including defibrillation, airway management, and supplies.

- Special Projects - $848,192.00
    - Includes projects such as Recruitment and Retention, Special Events Material, Emergency Medical Dispatch (EMD), equipment needed to migrate to NEMSIS 3.0 version and other innovative programs.
- Training - $124,169.00
    - This category includes all training courses and training equipment such as manikins, simulators, skill-trainers and any other equipment or courses needed to teach EMS practices.
- Vehicles - $4,704,087.00
    - Includes ambulances, 1st Response/Quick Response Vehicles (QRV) and rechassis/remount of ambulances.

Figure 4: Vehicle Category by Amount Requested



***NOTE**: The AMBULANCE category request amount was $4,704,087.00, the graph only represents items requested up to $200,000.00 to visually display other items requested.

The next RSAF cycle will open on February 1, 2014 and the deadline will be March 17, 2014 (March 15 deadline falls on a weekend).

EMS on the National Scene

II. EMS On the National Scene

a) New Statement on EMS as an Essential Public Function

The NAEMT Board of Directors has adopted a new position statement on EMS as an Essential Public Function developed by the NAEMT Advocacy Committee. The statement calls for local, state and federal government authorities to share the responsibility for funding EMS and integrating EMS in our nation's preparedness, response and recovery infrastructure. Given the essential life-saving public function provided by EMS, strong public leadership and appropriate and consistent public funding is vital to ensure the viability, effectiveness and sustainability of EMS in our nation. In particular, funding for EMS must be sufficient to ensure an effective response not only in daily operations, but also in disasters, mass casualty incidents and other public health crises. Read and download the full position statement at: http://library.constantcontact.com/download/get/file/1102759616624-256/EMS+as+an+Essential+Public+Function.pdf

b) Survey Results Posted: State EMS Office Involvement in Domestic Preparedness Efforts

(08/15/13) NASEMSO announces "State EMS Office Involvement in Domestic Preparedness Efforts" is a report based upon an assessment of the 56 state and territorial EMS agencies, and is intended to ascertain the extent to which state and territorial EMS offices are represented and supported in ongoing multi-agency coordination for readiness and planning. The report includes sections on: (A) the integration of preparedness and response activities; and (B) funding, including the degree of engagement of state and territorial EMS offices with federal grant resources for preparedness and response activities. You can download the report at: **https://www.nasemso.org/Projects/DomesticPreparedness/documents/NASEMSO-2013-Status-Report-DP-Assessment-Results.pdf.**

c) NASEMSO Supports Safety Performance Measures for Non-Motorized Transportation

The U.S. Department of Transportation is required to set performance measures on safety under the Moving Ahead for Progress in the 21st Century Act (MAP-21) section 1203(c)(4). A coalition of national organizations committed to the public health has noted that while overall traffic deaths have gone down, the number of bicyclist and pedestrian fatalities has risen for the past two years – both in terms of actual numbers and percentage of overall deaths - from 12 percent of all roadway fatalities in 2008 to nearly 16 percent in 2011. Each year, approximately 700 bicyclists are killed and 52,000 are injured. MAP-21 has nearly doubled the amount of funding available to states for their Highway Safety Improvement Program (HSIP). NASEMSO has joined national organizations in a letter urging Transportation Secretary Foxx to establish safety performance measures for non-motorized transportation. Signatories have noted that without safety goals, there will be little incentive for states to target these funds to improve pedestrian and bicyclist safety. The available HSIP funds provided under MAP-21 will allow

states to focus some of their funds on bicycle and pedestrian safety without taking away from their safety efforts aimed at other road users.

d) NASEMSO Supports Efforts to Save Highway Trust Fund

According to the American Road and Transportation Builders Association (ARTBA), revenues for the federal Highway Trust Fund, which supports about half of the nation's highway and bridge improvements, have not been increased in 20 years. As a result, the trust fund has teetered on the edge of insolvency for the past five years.
Absent action from Congress means the Highway Trust Fund faces another "fiscal cliff" in 14 months that threatens to eliminate federal highway and transit investment in 2015. This funding crash—and the uncertainty leading up to it—jeopardizes highway and traffic safety improvements, state transportation funding, and other programs at the US Department of Transportation and National Highway Traffic Safety Administration that are extremely valuable to NASEMSO members

e) Legislation Introduced to Address School Emergency Preparedness

On September 20, Representative Donald M. Payne, Jr. (D-NJ) Ranking Member of the House Subcommittee on Emergency Preparedness, Response, and Communications, introduced H.R. 3158 - the "Secure America for Education in Our Schools Act" or the "S.A.F.E. in Our Schools Act." The bill would require each State applying for State Homeland Security Grant Program funding to certify that it requires schools to have adequate emergency preparedness plans in place in case of disaster. The Subcommittee held a hearing on September 19 "Assessing the Nation's State of Preparedness: A Federal, State, and Local Perspective."

f) NCHRP Publishes Report on its Study of EMS Response to Motor Vehicle Crashes in Rural Areas

The Transportation Research Board's National Cooperative Highway Research Program (NCHRP) has released a report of its study, "Emergency Medical Services Response to Motor Vehicle Crashes in Rural Areas." Information synthesized in the study was acquired through literature review, surveys of 14 state offices of EMS and state departments of transportation, and follow-up interviews with selected agencies. NASEMSO representatives who served on the panel overseeing the study included: NASEMSO Executive Director Dia Gainor; NASEMSO President Jim DeTienne (Montana); and Dean Cole (Nebraska). The NCHRP report is available online at: http://www.trb.org/Main/Blurbs/169523.aspx.

g) MCB "Transfer Processes" Webinar Now Available for Viewing

The Health Resource and Services Administration (HRSA) has archived its recent live webinar for viewing. *Transfer Processes - An Opportunity for Improving Pediatric Emergency Care* reviews the importance of organized transfer processes in ensuring access to pediatric specialty care. The newly released inter facility transfer tool kit, was highlighted and speakers shared several case illustrations of tool kit use to facilitate the preparedness of hospitals in safe and expeditious transfer of the critically ill and/or injured child. This webcast is appropriate for state

EMSC managers, State Health Department and Hospital Regulators, hospital administrators including emergency department directors and medical directors, EMS providers, emergency room physicians and nurses, trauma program coordinators and managers, pediatricians, pediatric critical care directors, family members, and others interested in improving emergency medical services for children. Hosted by HRSA Maternal and Child Health Bureau, you can obtain more information on the webinars at: http://learning.mchb.hrsa.gov/archivedWebcastDetail.asp?id=339.

h) PEARS Updated to Reflect 2010 AHA Guidelines

Only 4-13% of infants and children who have a cardiac arrest in an out-of-hospital setting survive to hospital discharge. Pediatric Emergency Assessment, Recognition and Stabilization (PEARS) helps you immediately recognize and stabilize children in cardiopulmonary distress, increasing their chance of survival. Updated to reflect the *2010 AHA Guidelines for CPR and ECC*, PEARS® helps healthcare providers develop the knowledge and skills needed for emergency evaluation and treatment of seriously ill infants and children. PEARS teaches providers how to recognize respiratory distress, shock and cardiac arrest, and provide appropriate lifesaving interventions within the initial minutes of response until the child is transferred to an advanced life support provider. The goal of PEARS is to improve the quality of care provided to seriously ill or injured infants and children, resulting in improved outcomes. Learn more at www.heart.org/PEARS .

i) NFPA 1201 Revision in Progress

The National Fire Protection Agency announces that the Fall 2014 First Draft Report for *NFPA 1201: Standard for Providing Emergency Service to the Public* is now available for review and comment. The Standard provides recommendations for the structure and operation of organizations that provide public fire protection. *NFPA 1201* also outlines the roles and responsibilities regarding fire service response capabilities to fire suppression, emergency medical services, and special operations, including hazardous material response. The document also provides guidance on mutual aid, and fire department mandates relating to emergency management.

Educational Development

III. Educational Development

Committees

A. **The Training and Certification Committee** (TCC): The Training and Certification Committee met on Wednesday, October 9, 2013. Attached is the information approved and submitted to the EMS Advisory Board Executive Committee. See **Appendix A.**

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

B. **The Medical Direction Committee (MDC)** The Medical Direction Committee meeting met on Thursday, October 10, 2013. There is one action item for consideration. **See Appendix B.**

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

National Registry of EMTs Certification Test

The office has published the latest National Registry Test results for all levels of certification. The statistics compare the national pass rates to the state's and then by individual program/instructor. The ALS statistics include data from January 1, 2007 into the third quarter of 2013. The BLS statistics include data from July 1, 2012 into the third quarter of 2013 and compares the national pass rates to the state pass rate as well as listing the pass rate of each individual program/instructor. The information is currently at the bottom of the link off our web page:

http://www.vdh.virginia.gov/OEMS/Training/Accreditation.htm

Advanced Life Support Program

A. There are 5 applications pending ALS Coordinator endorsement and will be invited to the January Instructor Institute. No further applications are allowed and all candidates have been encouraged to pursue their Education Coordinator certification.

Basic Life Support Program

A. Education Coordinator Institute

1. The Office held an Education Coordinator (EC) Institute October 14-18, 2013. VAVRS graciously hosted the Institute at their headquarters in Oilville, VA. Eighteen (18) Candidates attended and obtained EC Certification.
2. The next EC Institute will be held in the Richmond area in January of 2014.
3. EMS Providers interested in becoming an Education Coordinator please contact Greg Neiman, BLS Training Specialist by e-mail at Gregory.Neiman@vdh.virginia.gov
4. Schedule of the various deadlines and EC Institutes can be found on our website here: http://www.vdh.virginia.gov/OEMS/Training/BLS_InstructorSchedule.htm

B. VEMSES Exam

1. Scoring of the VEMSES exam was transitioned to the EMS Portal in late November/December 2012. Current Instructors/ALS Coordinators wishing to transition to Education Coordinator can access their scores and Letters of Eligibility online through their EMS portal.
2. Current EMT-Instructors/ALS-Coordinators may schedule to take the exam at Regional Consolidated Test Sites (CTS) or at specified locations with the Training Staff. Contact Greg Neiman to obtain a VEMSES examination eligibility letter.

C. EMS Educator Updates:

1. For 2013, the Division of Educational Development is returning to the road to provide in-person Educator Updates. We will be arranging to include as many regions as possible.
2. Since the last advisory board meeting, the Office conducted in-person EMS Instructor Updates on September 14, 2013 at Henrico Fire Training, September 28, 2013 in conjunction with the VAVRS Conference at the VA Beach Convention Center and October 5, 2013 at the Southwest EMS Council Office in Bristol, VA.
3. The schedule of future updates can be found on the Web at: http://www.vdh.virginia.gov/OEMS/Training/EMS_InstructorSchedule.htm

EMS Training Funds

FY12

	Commit $	*Payment $*	*Balance $*
BLS Initial Course Funding	$784,836.00	$416,408.42	$368,427.58
BLS CE Course Funding	$122,640.00	$43,898.75	$78,741.25
ALS CE Course Funding	$273,840.00	$85,776.25	$188,063.75
BLS Auxiliary Program	$94,000.00	$15,200.00	$78,800.00
ALS Auxiliary Program	$332,000.00	$182,910.00	$149,090.00
ALS Initial Course Funding	$1,342,350.00	$693,266.51	$649,083.49
Totals	**$2,949,666.00**	**$1,437,459.93**	**$1,512,206.07**

FY13

	Commit $	*Payment $*	*Balance $*
Emergency Ops Funding	$1,320.00	$755.00	$565.00
BLS Initial Course Funding	$725,064.00	$339,869.77	$385,194.23
BLS CE Course Funding	$120,960.00	$47,136.21	$73,8223.79
ALS CE Course Funding	$295,680.00	$73,202.50	$222,477.50
BLS Auxiliary Program	$74,000.00	$17,000.00	$57,000.00
ALS Auxiliary Program	$344,000.00	$147,940.00	$196,060.00
ALS Initial Course Funding	$1,099,608.00	$472,386.26	$627,221.74
Totals	**$2,635,312.00**	**$1,006,807.33**	**$1,628,504.67**

FY14

	Commit $	*Payment $*	*Balance $*
Emergency Ops Funding	$200.00	$0.00	$200.00
BLS Initial Course Funding	504,900.00	$72,496.50	$432,403.50
BLS CE Course Funding	$62,160.00	$3,167.50	$58,992.50
ALS CE Course Funding	$188,800.00	$4,112.50	$184,687.50
BLS Auxiliary Program	$100,000.00	$7,360.00	$92,640.00
ALS Auxiliary Program	$214,000.00	$7,920.00	$206,080.00
ALS Initial Course Funding	$1,029,384.00	$221,412.00	$807,972.00
Totals	**$2,099,444.00**	**$316,468.50**	**$1,782,975.50**

EMS Education Program Accreditation

A. EMS accreditation program.

1. Emergency Medical Technician (EMT)

a) Navy Region has been granted provision accreditation at the EMT level.

b) City of Virginia Beach Fire/EMS has been granted provision accreditation at the EMT Level.

c) One (1) additional self study has been received and reviewed. Awaiting a date for the accreditation visit.

2. Advanced Emergency Medical Technician (AEMT)
   a) No applications on file.
3. Intermediate – Reaccreditation
   a) James City County's reaccreditation application has been received and a site team has been assigned.
4. Intermediate – Initial
   a) No applications on file.
5. Paramedic – Initial
   a) Patrick Henry Community College has received their Letter of Review.

   b) Lord Fairfax Community College will have their initial CoAEMSP accreditation visit on October 14-15, 2013.

   c) Associates in Emergency Care will have their focus CoAEMSP accreditation visit on October 14-15, 2013.
6. Paramedic – Reaccreditation
   a) No applications on file.

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

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

On Line EMS Continuing Education

Distributive Continuing Education

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

EMSAT

A. EMSAT programs for the next three months include:

1. Nov. 20, Rapid Trauma Assessment and Treatment of Blast Injuries
   Cat. 1 ALS, Area 78, Cat. 1 BLS, Area 04

   Dec. 18, Treating the Overdose Patient
   Cat. 1 ALS, Area 76, Cat. 1 BLS, Area 05

   Jan. 15, Controversies in C-Spine Immobilization
   Cat. 1 ALS, Area 80, Cat. 1 BLS, Area 04

The EMS Portal

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

Future plans for the portal include but not limited to:

1. Provider directed recertification with the implementation of the new recertification process that eliminates the need for testing or a test waiver for those whose certification has not expired. This component of the portal is in the final testing phase and will be initiated upon the completion of the "fast track" regulatory changes which have reached the Secretary's office.

2. The opening of the EMS Physician Portal is in the near future. This will allow EMS physicians unprecedented access to the EMS system by providing electronic access to their agencies, providers, and educators. The EMS physicians have been very patient as the Portal was developing. With this access, the EMS physician will be better equipped to understand the various EMS system components with which they participate.

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

   - EMS Agency affiliation data
   - Continuing Education (CE) reports
   - Enrolled course data
   - Certification Test Eligibility letters
   - Certification Test Results
   - E-mail notifications of certification expiration
   - Access to update/change address, phone number and e-mail address
   - E-mail opt-in/opt-out functionality allowing for updates from various Divisions within the Office of EMS.

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

CTS

A. There have been 18 psychomotor test sites conducted since your last meeting on August 9, 2013.
B. The EMSAT video "The Virginia Certification Experience" has been posted on the OEMS Web page in five segments. DVD's of this program have been sent to 488 Education Coordinators. Included in the package was an Auvi-Q injection trainer that talks the patient through the injection process compliments of Sanofi-Aventis.

Other Activities

- Warren Short participated in the annual NASEMSO meeting in Nashville TN in September.
- Warren Short participated with the Atlantic EMS Conference also in September.

Emergency Operations

IV. Emergency Operations

Operations

- **Provider Health and Safety Pledge**

The Office of EMS recognizes the importance of provider safety, whether on the scene, responding, or working at the station. As part of our focus on provider health and safety, the Provider Health and Safety Committee of the State EMS Advisory Board developed two safety pledges. The first pledge is focused on the areas an EMS agency can focus on make provider health and safety and priority. The second pledge is written specifically for the EMS provider. Like, the agency pledge, the provider pledge provides areas for focusing on health and safety.

The Office of EMS encourages EMS agencies to sign the safety pledge, and to have their members sign the provider pledge. Signed pledges can be returned to the following address so that agencies may receive recognition for their pledge to focus on provider health and safety.

Additional information and the pledges can be found at http://www.vdh.virginia.gov/OEMS/EO/HealthAndSafetyPledge.htm.

- **National Preparedness Month**

During the month of September, Winnie Pennington provided information via weekly e-mails to OEMS staff regarding steps for preparedness and response during emergency situations.

- **HMERT Operations**

Frank Cheatham, HMERT Coordinator continues to work on building the single resource aspect of the Health and Medical Emergency Response team (HMERT) system. Information was exchanged with several agencies interested in the concept. On October 9 Frank attended the Western 14 Task Force meeting.

- **School Emergency Preparedness**

Karen Owens, Emergency Operations Manager, participated in a presentation to future school principals on the importance of school preparedness and considerations for evacuation procedures.

Committees/Meetings

- **Hurricane Evacuation**

Frank Cheatham, HMERT Coordinator, attended multiple Lane Reversal Committee meetings during this quarter. Part of the meetings included focus on the Lane Reversal Exercise After Action Report.

- **Patient Tracking Committee**

On August 15, 2013, the Emergency Planner participated in a conference call with members of VDH and others to discuss patient tracking programs and the benefits of using the same system on scene and in the hospital. On September 19, the Emergency Planner participated in a meeting where the workgroup utilized the VHASS system to evaluate it as a viable patient tracking tool for in-hospital and EMS use.

- **EMS Communications Committee**

The EMS Communications Committee met on August 9, 2013. There was not a quorum present to conduct business, but discussions were held regarding the update of the Communications Directory.

- **EMS Emergency Management Committee**

The EMS Emergency Management Committee met on August 8, 2013. The meeting, attended by the Emergency Operations Manager and the Emergency Planner found the committee discussing triage tag changes and other issues related to Emergency Management.

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

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

- **Traffic Incident Management (TIM)**

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

- **Provider Health and Safety Committee**

The Provider Health and Safety Committee of the EMS State Advisory Board met on August 8, 2013. The committee worked to finalize the Provider and Agency Health and Safety Pledge and continued working on a reporting system for Line of Duty Injury/Death incidents in the Commonwealth.

Training

- **Great Southeast Shakeout**

On October 17, 2013, the Office of EMS participated in the Great Southeast Shakeout to prepare communities for the impacts of an earthquake. As part of the earthquake exercise, Winnie Pennington, Exercise Planner, developed a COOP.

- **Motorcycle Crash Response**

Ken Crumpler, Communications Coordinator, presented the program EMS Guide to Motorcycle Crash Response at the VAVRS Conference on September 26, 2013. The course, attended by a large number of conference attendees discusses considerations an EMS provider should keep in mind when responding to and treating patients at a motorcycle crash.

Communications

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

PSAP Accreditation for the City of Alexandria was approved by the State EMS Advisory Board on August 9, 2013.

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

Ken Crumpler represented the Office of EMS at the Fall APCO/NENA/Interoperability Conference in Roanoke on October 30, 2103. Mr. Crumpler presented a course called The Role of the PSAP in Medevac Operations.

Critical Incident Stress Management (CISM)

- **CISM Regional Council Reports**

During this reporting quarter Regional Council CISM teams reported 25 events, including education sessions, training classes, and debriefings (both group and one-on-one).

Planning and Regional Coordination

V. Planning and Regional Coordination

Regional EMS Councils

Regional EMS Councils

The Regional EMS Councils have submitted their FY14 First Quarter contract reports throughout the month of October, and are under review. The EMS Systems Planner attended the Rappahannock EMS Council Board of Directors meeting during the quarter.

Medevac Program

The Medevac Committee is scheduled to meet on November 6, 2013. The minutes of the August 8, 2013 meeting are available on the OEMS website.

The Medevac WeatherSafe application continues to grow in the amount of data submitted. In terms of weather turndowns, there were 603 entries into the WeatherSafe system in the third quarter of 2013. Roughly two thirds of those entries (370 entries) were for interfacility transports, which is a continuing trend. This is a decrease from 476 entries in the third quarter of 2012. Additionally, there have been 1,795 entries into the system since January 1, an increase from 1,381 for the same timeframe in 2012. This data continues to show dedication to the program itself, but also to maintaining safety of medevac personnel and equipment.

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

State EMS Plan

The Virginia Office of EMS Strategic and Operational Plan is mandated through *The Code of Virginia* to be reviewed and revised on a triennial basis. The current version of the plan was approved by the State Board of Health in March of 2011.

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

Over the past few months, the subcommittees of the Governor's Advisory Board have met to update the plan. The final draft for approval by the Advisory Board has been provided as **Appendix C**. OEMS will then present the plan to the Board of Health in early 2014 for approval.

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

Public Information and Education

VI. Public Information and Education

Public Relations

EMS Bulletin

Coordinated stories, edited and posted the fall EMS Bulletin on the OEMS website Sept. 26, 2013. Also promoted the EMS Bulletin through the OEMS Listserv and social media outlets.

Promotions
Via Social Media Outlets

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

- **July –** Summer food safety, holiday closures, July Fourth safety tips, VDFP Equity and Diversity Conference, heat advisories and tips regarding heat-related illness, EMD program, 12-Lead Stemi Showdown video, Symposium registration open.
- **August –** C.A.R.E. conference, ambulance safety tips for drivers, EMT shortage in SWVA, Virginia 511, Statewide Traffic Incident Management update for EMS, end-of-month CE card expiration, provider health and safety pledge, VFCA workshops.
- **September –** holiday closures, Trauma registry and OEMS website servers down for maintenance, 9/11 remembrance, article about new trauma room capabilities, emergency preparedness month, article about Va. hospitals preparedness for MCI events, State EMS Plan public comment link, EMS Bulletin, Symposium registration deadline date.

Via Constant Contact E-mail Listserv (July - September)

- July 11: Important Notice: Delay in Implementing FBI Background Checks
- Aug. 1: Symposium Registration Now Open
- Aug. 22: Statewide Traffic Incident Management Update for EMS
- Sept. 10: Register Today for the 34th Annual Virginia EMS Symposium
- Sept. 24: 34th Annual Governor's Awards Ceremony & Reception
- Sept. 27: EMS Bulletin-Fall 2013
- Sept. 30: Last Chance to Register for the 34th Annual Virginia EMS Symposium

Customer Service Feedback Form

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

Training

- Sept. 24 - Attended the *Five Steps for Leaders Struggling to Lead Positive Change* webcast seminar.
- Sept. 27 – Attended the *Responding to FOIA Requests* live seminar.

Social Media and Website Statistics

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

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

***As of October 17, 2013 the OEMS Facebook page had 3,233 likes, which is an increase of 206 new likes since July 25, 2013. As of October 17, 2013 we have 2,215 Twitter followers.**

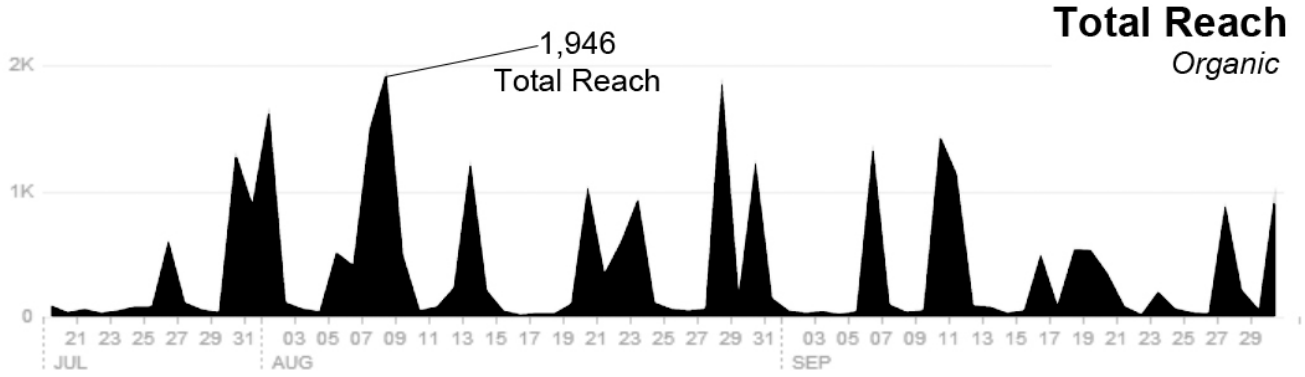


Figure 2: This table represents the top five downloaded items on the OEMS website from July – August 2013.

July	1. 2013 Symposium Catalog (32,987 Downloads) 2. 2010 Symposium Presentations – LMGT-732 (26,342 Downloads) 3. EMSAT on CentreLearn Instructions (18,574 Downloads) 4. 2011 Symposium Presentations – ADM1—108 and ADM-112 (12,214 Downloads) 5. NREMT Presentation Handouts – Full Slides (10,051 Downloads)
August	1. 2013 Symposium Catalog (178,913 Downloads) 2. 2010 Symposium Presentations – LMGT-732 (43,085 Downloads) 3. EMSAT on CentreLearn Instructions (21,300 Downloads) 4. 2011 Symposium Presentations – ADM1—108 and ADM-112 (15,181 Downloads) 5. Electronic Student Enrollment for Virginia EMS Certification Courses (15,122 Downloads)

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

	Visitors	Average Hits Per Day	Average Visit Length (Minutes)
July	37,472	2,271	23:33
August	42,331	2,609	20:05

Please note: Due to technical difficulties, the WebTrends reporting program was unavailable to provide statistical information pertaining to the OEMS webpage. Recently, these services were restored, but statistics for the month of September were unavailable at the time of this report. They will be added to the next report when they become available.

Governor's EMS Awards Program

- Attended Regional EMS Council award banquets.
- Sent out final Regional award press releases to local media outlets. Also posted these press releases on VDH website.
- Prepared and mailed Governor's EMS Award nomination packets to the nomination committee. Coordinated Governor's EMS Award Nomination Committee meeting held on Aug 23.
- Ordered Governor's EMS Award pyramids.
- Submitted award winner's info to the Governor's Office for consideration. Submitted requests to the Governor's office for signed award certificates and an invite for the Governor to attend the ceremony.
- Emailed Governor's EMS Awards e-vite to all nominees.
- Created 2013 EMS Symposium Career Fair flier and posted on the OEMS website.
- Prepared PowerPoint presentation for Governor's EMS Awards ceremony.

EMS Symposium

- Updated Symposium webpage general event info., the Career Fair, sponsors, etc.
- Designed and posted Symposium catalog on website and shared it through social media and Listserv.
- Sent Symposium catalogs to all EMS agencies and Regional EMS Councils.
- Designed and mailed Symposium promotional brochures to all EMS providers.
- Fielded general Symposium questions related to registration and vendor info.
- Designed a half-page ad and emailed to North Carolina Office of EMS for promotional purposes.
- Promoted Symposium registration through listserv and social media outlets.

- Created print-ready logo for Symposium bags.
- Began coordinating Symposium sponsors and posted them on the OEMS website.
- Began planning Flu Shot Clinic with Norfolk HD.

Media Coverage

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

OEMS Media Inquires:

- July 10 – Reporter Phillip Keene, Voice newspaper in Buchanan Co. called requesting info about Tazewell County Fire and Rescue out of service due to inspection deficiencies.
- July 19 – Reporter Ruthann Carr, Fluvanna Review wanted an update pertaining to Fluvanna Rescue Squad's inspection and non-response complaints.
- July 26 - Reporter Aaron Richardson, Daily Progress wanted info. regarding Fluvanna Rescue Squad's licensure inspection and requested inspection records.
- July 29- Reporters Aaron Richardson, Daily Progress; Lauren Thomas, CBS 19; Christine Twiford, NBC29; NewsPlex7 inquired about the outcome of the most recent re-inspection at Fluvanna Rescue Squad.
- August 29 – Reporter Millie Rothrock, Wytheville Enterprise requested information regarding the potential dissolution of Lead Mines Rescue Squad.

VDH Communications

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

- **July** –Coordinated Tweets for approval and posted them on the VDH Twitter page on a daily basis. Since I've been responsible for updating the VDH Twitter page since March 2013, we've averaged a gain of 43 followers per month.
- **August** – Assigned as team back up for the month of August. Assisted with team member's assignments, which included VDH in the News, team editor, dear colleague email and media alerts.
- **September** – Assigned the task of VDH in the News for the month of September. Collected news stories that mentioned VDH personnel or programs and emailed them to key VDH staff every morning.
- In October, the PR coordinator was assigned the weekly task of updating the VDH Clinical Community page on Facebook.
- In the process of creating a podcast with ORCE team colleague Michelle Stoll regarding the VDH Confidentially policy. This podcast will be one in a series of five, which will be professionally edited by OEMS Media Specialist Terry Coy and available as a training resource on TRAIN.

***Commissioner's Weekly* Email**

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

August 5 - OEMS Offers Continuing Education Training Service

Terry Coy, media specialist and **Ed Damerel**, A/V technician, with the Office of EMS (OEMS) Department of Educational Development, have successfully re-established a free, online continuing education (CE) service that is available 24/7 to more than 35,000 Emergency Medical Services (EMS) providers in Virginia. It is derived from the Emergency Medical Services Accredited Training (EMSAT) programs, produced monthly and available online the third Wednesday evening of the month. OEMS has produced 280 EMSAT programs since 1991, awarding approximately 150,000 hours of CE credit. The program topics cover required subject matter for EMS recertification as well as fields of interest that are timely and relevant to Virginia's EMS community. While intended for Virginia EMS providers, over the years, EMSAT programs have been utilized by a variety of other agencies including the National Ski Patrol, EMS for Children and the CIA.

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

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

Regulation & Compliance

VII. Regulation and Compliance

Compliance

The EMS Program Representatives continue to complete ongoing investigations pertaining to EMS agencies and providers. These investigations relate to issues concerning failure to submit prehospital patient care data (VPHIB), violation of EMS vehicle equipment and supply requirements, failure to secure drugs and drug kits, failure to meet minimum staffing requirements for EMS vehicles and individuals with criminal convictions. The following is a summary of the Division's activities for the 3rd quarter of 2013:

Enforcement

Citations Issued:	5
Providers:	2
EMS Agencies:	3

Compliance Cases

New Cases:	10
Cases closed:	7
Suspensions:	1
Temporary Suspension:	3
Revocations:	0
Consent Order:	0

EMS Agency Inspections

Licensed EMS agencies:	685 Active
Permitted EMS Vehicles: (Active, Reserve, Temporary)	4,501

Recertification:	
Agencies:	70
Vehicles:	461
New EMS agencies:	2
Spot Inspections:	114

Hearings (Formal, IFFC)

July 8, 2013 – Lake
August 6, 2013 – Russell
August 28, 2013 – Jacobs
September 4, 2013 - Evatt

Variances

Approved: 15
Disapproved: 0

OMD/PCD Endorsements

As of October 16, 2013: 225 Endorsed

EMS Regulations

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

Recently announced changes in the EMS recertification process pertaining to the elimination of testing requirements for the requirement to obtain a test waiver will be delayed. Originally scheduled to take effect July 1, 2013, changes to the EMS recertification process must be delayed until regulatory reviews can be completed. The Fast Track regulatory package has been initiated.
http://www.vdh.virginia.gov/OEMS/Files_Page/Training/NoticeofTestWaiverRemoval0613.pdf.

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

The Office of EMS has completed the Fast Track document (TH-04) for submission to the Commissioner (on behalf of the Board of Health) to removal the requirement for the practioner's

signature for any invasive procedure or drug administration by EMS personnel. Once this has been signed, it will still need to move through the regulatory process.

Division Work Activity

Regulation and Compliance staff continues to represent the Office of EMS in Fire/EMS studies conducted by the Virginia Fire Service Board. The Wise study was completed on July 14-17, 2013 and the study for Amherst County was completed on September 22-24, 2013. The draft reports are being finalized before presenting them to the respective county governments. Shenandoah and Botetourt County's have requested and subsequently granted approval by the Fire Service Board for a Fire/EMS study,

OEMS staff continues to offer technical assistance and educational presentations to EMS agencies, entities and local governments as requested. The following is a listing of locations and dates for the third quarter of 2013:

- July 1, 2013 – met with Cheryl Wilkins, Emergency Services Coordinator for Fluvanna County
- July 10, 2013 – conducted interviews for the vacant NOVA EMS Representative position
- July 13, 2013 – attended the Staunton-Augusta Rescue squad Anniversary Banquet on behalf of OEMS
- July 29, 2013 – met with the Transportation Committee of the GAB
- August 16, 2013 – attended the Virginia Fire Service Board meeting in conjunction with the Virginia State Fire Fighters Conference in Hampton, Virginia
- August 26, 2013 – met with Legislative Services in Glen Allen to review current *Code of Virginia* language as it relates to Emergency Medical Services
- September 9, 2013 – invited to meet with the Regulations Committee for the Virginia Board of Pharmacy
- September 10, 2013 – attended the Virginia Board of Pharmacy meeting
- September 12, 2013 – completed a re-shoot of the EMSAT training with Orange County Fire and EMS
- September 16, 2013 – assisted the Division of Education and Development with EMS Education Coordinator Institute
- September 26-28, 20113 – attended the VAVRS Annual Conference to include reports for the BOG meeting and a presentation.

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

As part of an ongoing assessment, the service areas of the EMS Program representatives are reviewed for efficiency and providing the best customer service in timely, reasonable manner while not creating unrealistic performance expectation for the staff. As such, the service areas have been adjusted for several of the areas in the central, northern and northwest regions. (http://www.vdh.virginia.gov/OEMS/Agency/RegCompliance/RepAreas.pdf), (http://www.vdh.virginia.gov/OEMS/Agency/RegCompliance/ProgramRepresentatives.htm)_.

Personnel Matters

The Office of EMS filled the previously vacated position for the NOVA service area with its previous staff member, Mr. Adam Harrell who returns for a second "tour of duty". We are most pleased to have Mr. Harrell back as a team member. We have received permission to fill another vacant position held formerly by Ms. Nancy Burrows. The application period has closed and interviews are being scheduled for the selection of a candidate. During this time period a personal injury occurred to another staff member placing them out of service for nearly 6 weeks. It is with great pride that we report, despite being down normal staffing, the Division has been able to keep the business of the Office and the Division moving without any delays in services or request by the customers.

Technical Assistance

VIII. Technical Assistance

EMS Workforce Development Committee

The EMS Workforce Development Committee (WDC) last met on August 8, 2013. This was the first meeting, this year that a quorum was present.
Mr. Rob Lawrence provided an update on Standards of Excellence (SoE) Beta Testing he recently completed with the assistance of a local county EMS system. The SoE program was well liked by the agency conducting the beta test and many of the questions on the self-assessment survey triggered further discussion items and ideas for areas of change and improvement.

Rob commented – the key to this program is providing an advisory visit to the agency completing the documents. In this way – further information can be provided for each question as well as suggestions for ways to improve areas of deficiency in a non-threatening way.
The Beta Test also identified areas that were not addressed (communications) and duplicate and/or questions that did not add any real value to the assessment. Changes and updates are being made to the program based on the information identified at this Beta Test. Additional EMS agencies are being sought to continue the Beta Testing of this program. Contact Carol Morrow (carol.morrow@vdh.virginia.gov) if interested.

Gay Plungas, executive director of the Virginia Health Workforce Development Authority (VHWDA) met with the committee. Committee members provided her with an overview of the WCD committee functions. Ms. Plungas was very interested in the recruitment and retention work that is being done. She was also interested in the Virginia Recruitment and Retention Network and plans to attend their future meetings. The next committee meeting will be on November 7, 2013 at EMS Symposium in Norfolk, Virginia.

SUB-COMMITTEE REPORTS

Standards of Excellence (SoE) Sub-Committee
The sub-committee has not met since the last State EMS Advisory Board meeting. The next meeting is scheduled to be held in late October, 2013. A review of the suggestions from the Beta Test will be reviewed and the program will be updated and prepared for public distribution.

EMS Officer Standards Sub-Committee
The committee has been meeting regularly since the last State EMS Advisory Board meeting. The program is progressing and the decision has been made to offer both:

- The EMS Officer Task Book (Portfolio Peer Review Process)
- A hybrid of the Department of Fire Programs (DFP) Fire Officer I course which will be an EMS Officer I course

The sub-committee will be working with Virginia Fire Programs to adapt the Fire Officer I course to develop a hybrid EMS Officer I course.

The EMS Officer I Task book has been completed however the evaluation tool for the task book still remains to be completed.

The sub-committee will meet in late October 2013.

EMS Career Fair

The fourth Annual EMS Career Fair is being held on November 7, 2013 from 5-7 PM. The career fair is being held at the EMS Symposium at the Norfolk Waterside Marriott. There are currently 10 agencies registered to participate at the 2013 EMS Career Fair. If your agency would like to participate in the 2013 EMS Career Fair please contact Marian Hunter with the Office of EMS.

The Virginia Recruitment and Retention Network

At the last meeting of the Virginia Recruitment and Retention Network in August 2013, information was provided on the second phase of the Volunteer Workforce Solutions (VWS) program. The VWS is a study to assist Virginia communities in establishing a sustainable volunteer firefighter workforce. One of the biggest problems faced by fire departments (and EMS) is the recruitment and retention of a volunteer workforce. VWS has found that each community has its own "personality". By studying the traits (of the community's "personality" (demographics, cultural and economic data) a prediction can be made for the best way to recruit and maintain a volunteer workforce.

The next meeting of the Virginia Recruitment and Retention Network is scheduled to be held on October 18, 2012 at the Riverheads Volunteer Fire Department in Staunton, Virginia. For additional information about the activities of the Virginia Recruitment and Retention Network, visit the OEMS web site at:http://www.vdh.virginia.gov/OEMS/Agency/Recruitment/RandRNetwork.htm

Trauma and Critical Care

IX. Trauma and Critical Care

Patient Care Information System (VSTR & VPHIB)

Patient Care Information System (VSTR & VPHIB)

We are very excited to announce that on October 1st, 2013 the VPHIB system was linked to the VDH Data Warehouse (DW) and the first data transfer occurred. While there have been many important milestones with EMS data reporting over the past five years; this too is a big one. By linking with the VDH DW, OEMS staffs will be able to analyze EMS data and now include patient outcome data from all hospitals.

To be able to finally answer questions such as does our EMS provider's primary impression match the hospital's final diagnosis, did we over-treat or under-treat our patient's, do patients who received medical interventions by EMS have better outcomes and shorter hospital stays compared to patients that self-transport?

Once the DW project is complete, EMS data will also be available to other public health programs such as surveillance programs, injury prevention, cardiac and stroke programs, epidemiologist, the Office of the Chief Medical Examiner, and so on. In the past VPHIB staffs are asked by agencies and provider's "what is done with our data?" This project exponentially increases the value our EMS system's data.

On the technical side: There is up to 500 hours of IT work left to be performed. Once completed OEMS staffs and other VDH staffs will work out the details of accessing each other's data. Utilizing hospital discharge data and other VDH data will only be able to occur within OEMS. When ready, OEMS staffs will begin to approach stakeholders to establish what analysis should be performed first.

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

The NEW! Virginia Statewide Trauma Registry (VSTR)

Significant progress has been made towards implementing the new VSTR or VSTRv3. The new VSTRv3 (using Patient Registry) will go live on or around January 1, 2014. During this quarter all hospitals in the Commonwealth have received implementation information about the move to the new trauma registry application and revised mandatory dataset. The new application has been setup and any application level issues that need attention, have been provided to ImageTrend and a scope of work developed to address each need prior to training beginning.

VSTRv3 staffs have completed setting up each hospital's interface with includes widgets that provide a means of communication, quick links, data dashboard, and other tools (shown below).

Figure 1 - VSTR Home Page with Individualized Hospital Dashboard.

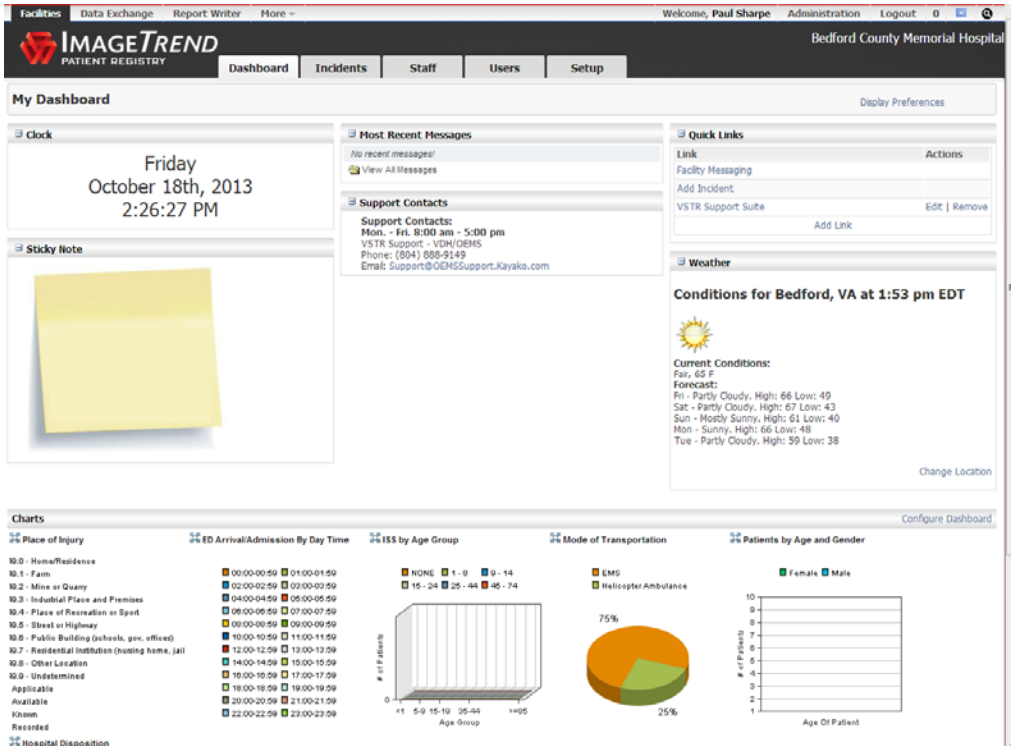
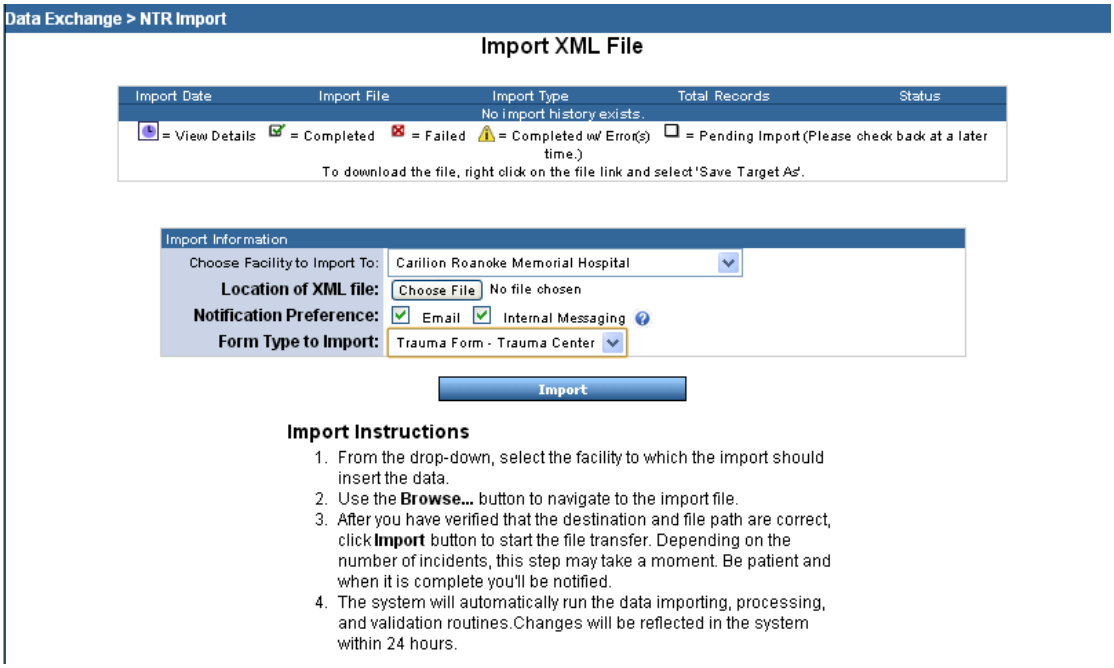


Figure 2 - VSTR Report Write Page:

Figure 3 - Data Import Page



VSTR Training Opportunities

The Office of Emergency Medical Services (OEMS), Division of Trauma/Critical Care (TCC) will be offering training/orientation courses for the new Virginia Statewide Trauma Registry (VSTR) via interactive on-line training (webinar). The new system will be the only means to report to the VSTR beginning on January 1, 2014. The target audiences for these courses are the individual hospital staff persons that are responsible for entering information into the VSTR. VSTR users can attend more than one course to reinforce skills if desired.

Just-in-time training will be available via webinar on Tuesdays and Thursdays throughout the month of December and early January (excluding days affected by the holidays). Training times and a link to register are shown below. Logon information for the new VSTR will be sent to all currently active VSTR accounts. New users will need to complete a user security agreement and logon request found on the VSTR support site at http://OEMSSupport.Kayako.com.

To attend one of these courses **you must RSVP by clicking on the date of the course you are interested in attending below** and submitting a request to attend. Class information will be returned by email. If more than one person at an agency wishes to attend the same course we ask that you please share a single connection to the class if convenient.

Click on the date of the class you are interested in attending to RSVP. Please be sure to include your name and hospital affiliation in the e-mail. If you experience difficulties please contact VSTR Support at support@OEMSSupport.Kayako.com or call (804) 888-9149.

December 2013

Tuesday, December 10th 10:00 AM Tuesday, December 17th 2:00 PM	Thursday, December 12th 2:00 PM Thursday, December 19th 10:00 AM

January 2014

Tuesday, January 7th 2:00 PM Tuesday, January 14th 10:00 AM	Thursday, January 9th 10:00 AM Thursday, January 16th 2:00 PM

VSTRv3 has been installed on the same server cluster that the VPHIB system is installed on and the two systems will be integrated.

By having the two systems "integrated" hospital's using the state application will be able to pull EMS run information (up to 60 elements) directly into the hospital's trauma registry record. The ability of hospitals to populate fields in the trauma record they are creating will cut down on data entry time and help assure a higher level of data quality. Likewise, the EMS record will have the ability to be backfilled with "outcome" information that will help EMS agencies perform quality assurance initiatives on its trauma patients.

Virginia Pre-Hospital Information Bridge (VPHIB)

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

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

VPHIB Version 3 Open Forum Meetings

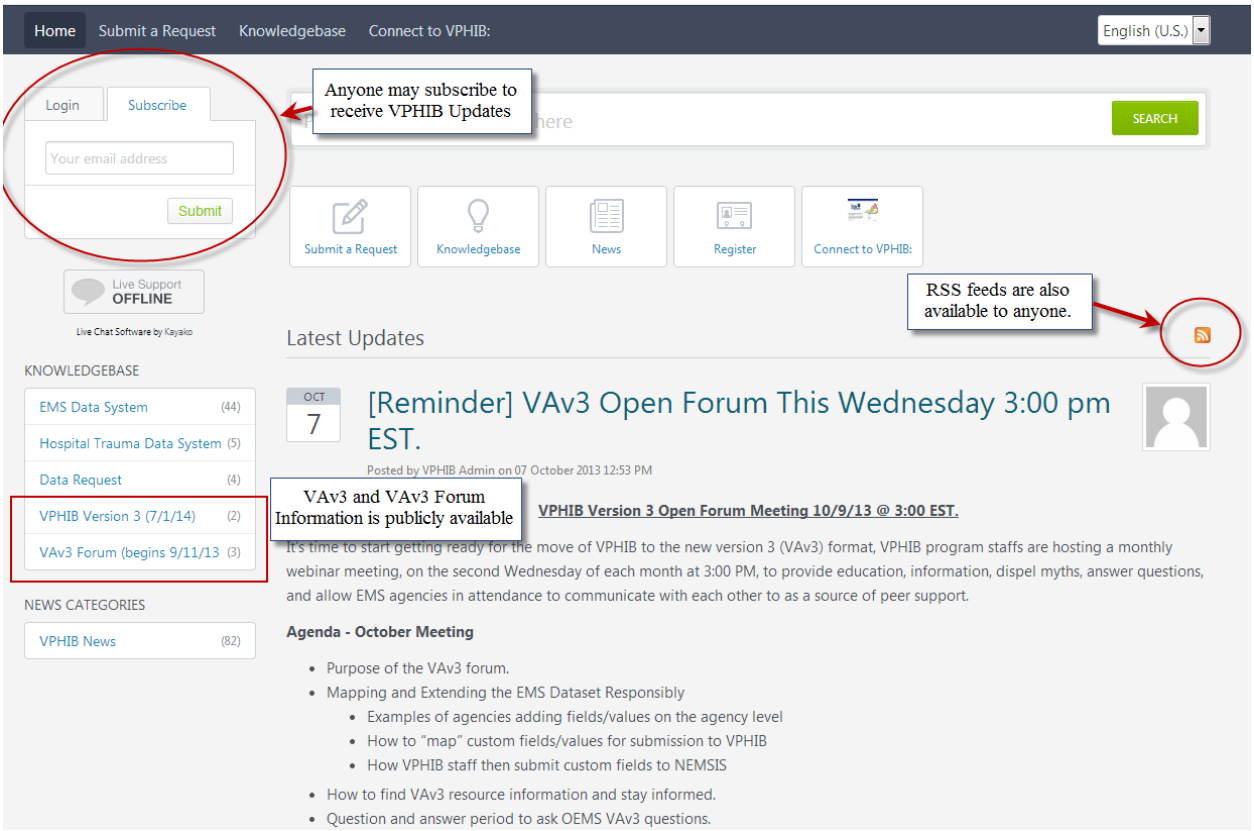
"*Don't Say You Didn't Know*"

To assist with a smooth transition to the new version 3 dataset next July; OEMS has begun having a monthly VAv3 Open Forum. The standing agenda is to have 20 minutes of education, 20 minutes of Q and A, and 20 minutes of agency-to-agency discussion. The meetings will be held on the second Wednesday of every month at 3:00 p.m. EST).

We wish to emphasize that the VAv3 forums are open to anyone who wishes to attend. VPHIB staffs have put many communication tools in place to provide information to the entire Virginia EMS System. It was disappointing to see the Western Virginia EMS Regional Council broadcast to its Board of Directors that the council was excluded. We corrected this falsity as soon as we learned of it.

"Don't Say You Didn't Know." If ANYONE wants to stay informed about the migration to VAv3 all one needs to do is visit https://OEMSSupport.Kayako.com. On this site interested persons can read current and archived "news" about the VPHIB and now also the VSTR programs. One may also browse or search Support Suite's knowledgebase for information as well. As shown below anyone may subscribe to receive e-mail updates, RSS feeds, or find information about our data programs.

Figure 4 – VPHIB and VSTRv3 Support Suite (http://OEMSSupport.Kayako.com



The topic of the first meeting (September) was aimed at providing Virginia agencies with an understanding of the NEMSIS program and how the individual EMS agency fits into this program. There were 96 attendees including many national software vendors. The Director of

NEMSIS led this meeting and walked attendees through the NEMSIS project demonstrating how the state has to clean and map data for national submission just as agencies do.

The NEMSIS Director also showed attendees other valuable resource available from NEMSIS including their access to national EMS data that can be used to compare their agency's performance to.

The second meeting had 61 attendees and OEMS provided education on how individual agencies can expand upon the state's minimum dataset by adding additional data elements and /or values. This was a cause of concern in version 2 that was more of a perception problem than an actual problem. Attendees were shown examples of state elements that they may want to expand upon, how they can be expanded, and how they should correctly map them back to the state code. There were also many great questions asked and OEMS promised to provide some additional resource documents prior to the next meeting.

OEMS has also heard about other v3 groups starting on local levels or with other EMS software vendors that are used in Virginia. OEMS applauds taking such a pro-active approach to the upcoming version 3. All of this will help to mitigate past implementation issues.

Agencies Encouraged to Submit VPHIB Data in Real-time!

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

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

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

All agencies that use the State provided Field Bridge submit in real-time, as do all EMS Charts users in Virginia. EMS Charts was the first third party vendor to establish real-time submission and VPHIB receives their records within minutes. Many agencies with their own ImageTrend

Service Bridges also submit in real-time just by clicking on the auto-uploading feature in the administrators section of their Service Bridge. Zoll Inc. also has this functionality. Zoll users can contact Zoll support and request "web-services" be turned on to auto-submit to VPHIB. Zoll will work with ImageTrend to make the connection.

NEMSIS Related Items and Submission

The following software companies are engaged with Version 3 – Software Compliance Testing:

- ImageTrend Inc. (pretesting)
- A/R Concepts Incorporated (pretesting)
- Intermedix (new this quarter) (pretesting)

There are also two vendors undergoing NEMSIS version 2 certification

- Harrison Software
- 1 Un-named vendor (asked not to be identified)

Virginia data is submitted by the Div. of TCC staff to NEMSIS each month when the Data Quality Dashboard and Compliance Report are developed. Data not submitted on time by Virginia EMS agencies will never get submitted to the national EMS database. We have seen a significant rise in the number of records being accepted by NEMSIS and have again submitted an all-time monthly high volume of 106,738 records. Figure 5 shows the number of records that have been accepted by NEMSIS for the most recent quarters.

Figure 5 - Number of Virginia EMS records accepted to date by the national EMS database.

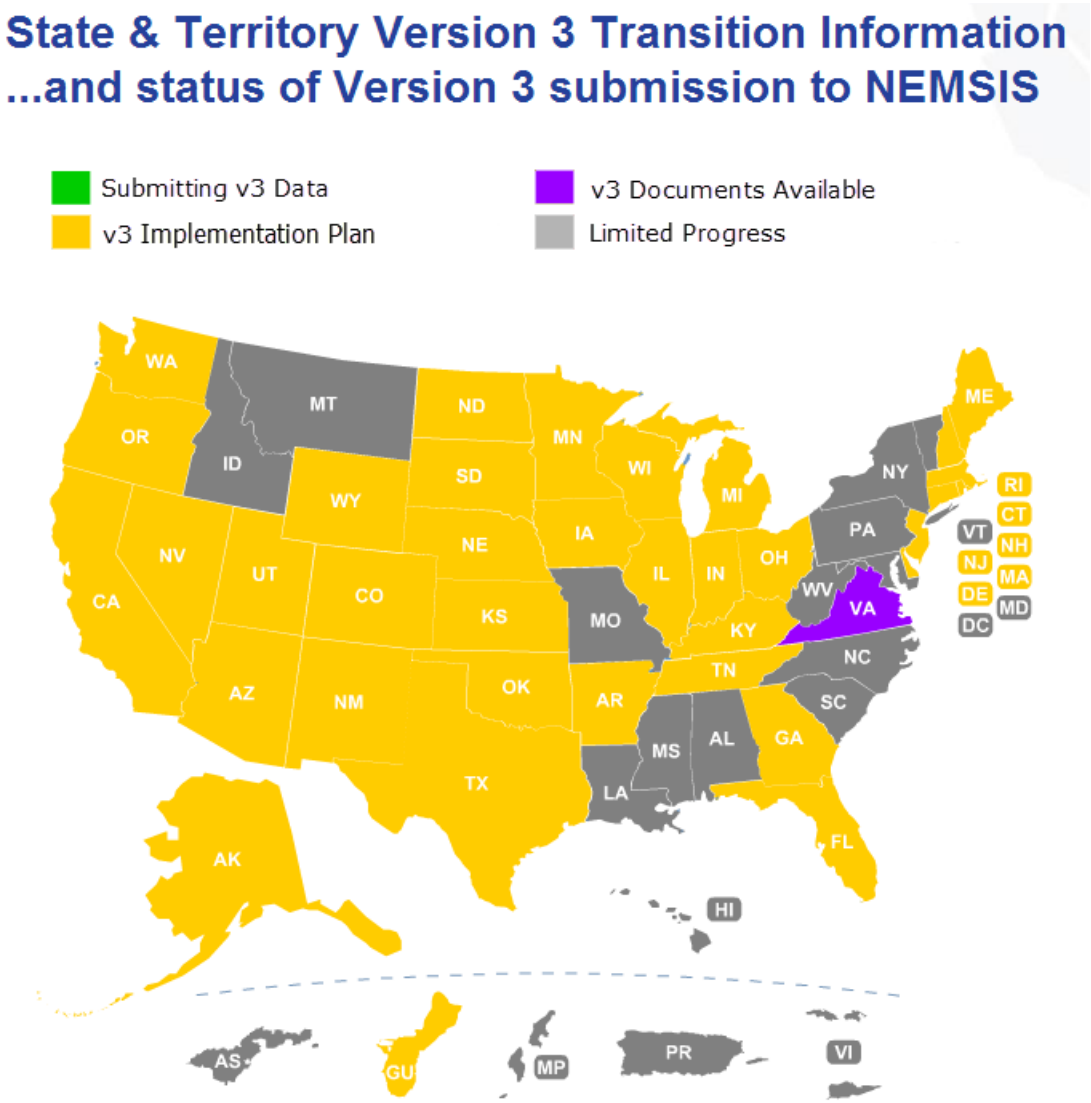
Warehouse Summary for Your Sites							
	2011	2012				2013	
	Q4	Q1	Q2	Q3	Q4	Q1	Q2
test VIRGINIA	1	1	2	1	8	41	97,005
VIRGINIA	228,478	240,768	248,504	244,558	240,849	261,763	274,776

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

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

Virginia's VPHIB program has been recognized by NEMSIS as the first state to have made its version 3 plans available. Figure 6 below shows the status of each state in being prepared for migrating to the NHTSA/NEMSIS version 3 EMS national data standard.

Figure 6 – Virginia Provides its Version 3 Data Dictionary and Plan First



VPHIB Data Quality Compliance

The VPHIB program staffs thank all of our agencies for continuing to do an amazing job to improving the quality of data submitted to VPHIB. The improved submission compliance and improved data quality are why we continue to see our number of records accepted by NEMSIS increasing. We hope that agencies are also seeing the benefit of improving data quality when they work on performance improvement projects, develop reports, and see improved reimbursement for those that have fee for service in place.

Even though VPHIB data quality compliance has significantly improved, we continue to see some significant data quality issues with provider information such as EMS certification level, provider role, certification number, and similar provider demographic information. We implemented new validations rules focused on these topics and have seen some improvement. The final challenge was with the certification numbers. We implemented these validation rules on 9/1/2013 with ZERO points deducted so agencies could easily see any errors occurring and hopefully self-correct during this this grace period and make needed changes. OEMS had stated that on 10/1 we would add point deductions to the certification numbers. To date OEMS has not added these points, so we could provide an extra grace period. These points will begin being deducted on 11/1.

ImageTrend Service Bridge User Issue

During the last two months when submitting Virginia's EMS data to the national EMS database there were a critically high number of non-state codes (173) creating thousands of bad records and an endless number of errors that required manual correction. Immediate action was required.

OEMS determined that ImageTrend Service Bridges (SB), agency owned SBs, were provided with the means to enter the VPHIB database without being run through the State's validation engine. No other third party vendors were at issue and the State Bridge was not affected.

OEMS was forced to inactivate all "posting accounts" for ImageTrend customers. ImageTrend made database changes so their customer's files would hit the public Web services and go through the validation tools the same as everyone else.

It has been a challenge getting the definition of the bad codes from ImageTrend. In most cases OEMS staff could probably build mappings to accommodate the non-state codes with minimal effort. OEMS may begin to work directly with the affected agencies to find how they are using these codes so we can prevent the agency from being non-compliant with data quality a few months down the road.

Figure 7 – Non-state Codes Found with Service Bridge Users

Element	Illegal_Code	Element	Illegal_Code	Element	Illegal_Code
D01_04	0	E09_15	569089	E09_16	570278
D01_04	5	E09_15	569100	E09_16	570280
E02_05	411017	E09_15	569106	E09_16	570289
E02_07	0	E09_15	569112	E09_16	570290
E02_07	413012	E09_15	569118	E09_16	570295
E02_08	414005	E09_15	569119	E09_16	570307
E03_01	225	E09_15	569130	E10_01	580013
E03_01	466	E09_15	569131	E10_01	580032
E03_01	435016	E09_15	569133	E10_01	580042
E03_01	435018	E09_15	569168	E10_01	580042
E03_01	435066	E09_15	569207	E10_01	580055
E03_01	435174	E09_15	569229	E10_01	580056
E03_01	435187	E09_15	569251	E10_01	580056
E03_01	435192	E09_15	569256	E11_02	601002
E03_01	435211	E09_15	569260	E12_01	620001
E03_01	435212	E09_15	569273	E12_01	620005
E03_01	436011	E09_15	569274	E19_03	6540
E03_01	4350010	E09_15	569276	E19_03	6830
E03_01	4350012	E09_15	569278	E19_03	154015
E06_14	1912	E09_15	569280	E19_03	154033
E07_01	485002	E09_15	569289	E19_03	154037
E07_34	516003	E09_15	569290	E19_03	154038
E07_34	516013	E09_15	569295	E19_03	154039
E08_07	536003	E09_15	569296	E19_03	154048
E08_07	536006	E09_15	570134	E19_03	154053
E08_07	536009	E09_15	5692661	E19_03	154055
E08_07	536012	E09_16	570010	E19_03	154056
E08_07	536013	E09_16	570041	E19_03	154060
E08_07	536015	E09_16	570046	E19_03	154068
E08_07	536017	E09_16	570051	E19_03	154072
E08_07	536020	E09_16	570052	E19_03	154073
E08_07	536022	E09_16	570053	E19_03	154074
E08_07	536023	E09_16	570057	E19_03	154076
E08_07	536024	E09_16	570071	E19_03	154077
E08_07	536027	E09_16	570071	E19_03	154082
E08_07	536032	E09_16	570075	E19_03	154086
E08_07	536038	E09_16	570076	E19_03	154106
E08_07	536039	E09_16	570081	E19_03	154109
E08_07	536044	E09_16	570085	E19_03	154118
E09_12	566001	E09_16	570093	E19_03	154156
E09_12	566004	E09_16	570094	E19_03	154159
E09_13	1570	E09_16	570100	E19_03	154172
E09_13	154058	E09_16	570106	E19_03	154179
E09_13	154172	E09_16	570108	E19_03	154180

Quarterly Update – What was done:

During the last quarter the bulk of TCC staff time dedicated to VPHIB was focused on early preparations for the VAv3, assisting agencies with demographic validation questions, the ImageTrend Service Bridge issue, and working with other states to create national version 3 quality standards. The Division Manager attended the National Association of State EMS Officials (NASEMSO), Data Managers Council's (DMC) annual meeting and filled in as Chair for the meeting due to the illness of the current chair.

Quarterly Update – What will be done:

VPHIB staffs anticipate receiving access to a demo site for ImageTrend's version 3 State Bridge in October. The demo site will be utilized to provide ImageTrend with any final recommended changes for the states version 3 product. Staff is also performing an update to its version 3 validity rules so it can be available to software vendors that serve Virginia.

The November VPHIB Version 3 Forum will be dedicated to educating attendees on how the state develops its validity rules and provide some insight into why this is such an important issue. Staff will also continue working on national validity rules in hopes to mitigate the effects of Virginia's new rules on Virginia EMS agencies and the software products they use.

As OEMS moves closer to receiving its version 3 product it is hoped that prior to the next quarterly meeting VPHIB staff will have published more v3 implementation plans and timelines. Currently, no version 3 products have been certified by NEMSIS.

On the technical side:

There has been little need for any technical work to maintain VPHIB during this quarter. A request to the VITA/NG partnership on the availability of SQL Server 2012 program availability have gone unanswered. Some updates made to ImageTrend's State Bridge, which is the product used for VPHIB, are not functional without server 2012. Since server 2008 was just made available for VPHIB server 2012 is likely unavailable.

Data Managers Council (NASEMSO)

The DMC is primarily a "work" committee where states collaborate to establish consistency in EMS data collection throughout the country. 34 states were represented at this meeting and several others attended via teleconference. The DMC interacted with federal partners such as NEMSIS, NHTSA, and NEMSAC. There were also some very informative presentations on EMS data systems being part of state Health Information Exchanges, and a first statistically significant process used to assess whether EMS patient care benefits patients using clinical data.

The DMC also had an open forum with major EMS software vendors. The vendors each provided a short presentation of their version 3 programs. After their presentation data managers

and vendor staffs shared concerns and collaborated on solutions to make the version 3 implementation go as smooth as possible on a national level.

Another important part of the DMC meeting was the kick-off of four important workgroups including NEMSIS version 3, Data Quality, Data Linkage, and Mentoring. These committees continue to meet and work on their projects. VPHIB staff has served in a lead role on the Data Quality workgroup.

Trauma System

Trauma System Oversight and Management Committee (TSO&MC)

The most recent TSO&MC meeting was held on September 5, 2013. The final agenda and draft minutes to the meeting can be found on-line on the Virginia Regulatory Town Hall. The key items from the September 5th meeting included appointing a new Trauma Fund Panel, trauma performance improvement committee update, planning how to proceed with continuing efforts to revise the Trauma Center Designation Manual, and committee and trauma center updates.

At the previous (6/6) TSO&MC the group discussed a plan to complete the revision of the Trauma Center Designation Manual. The plan had included the five workgroups (Operational, Education/Credentialing, Performance Improvement, Special Needs, and Administrative) submitting their final suggested updates by the September 5, 2013 meeting. The December 5, 2013 TSO&MC had been identified as the meeting that the revised trauma manual would be presented to the committee for approval.

During the 9/5 meeting it was determined that the committee would hold meetings where the entire committee would perform a line-by-line review of the draft criteria. It was determined that the December TSO&MC meeting would be solely dedicated to the designation manual review. The times of the December meeting have been changed to Wednesday, December 4th from 6:00 p.m. to 8:00 p.m. and Thursday, December 5th from 10:00 a.m. to 4:00 p.m.

As a spin-off to the designation criteria discussion a temporary ad-hoc committee was established to explore whether a “needs based process” should be utilized to consider accepting applications for trauma center designation. A core group has been identified and meetings will be scheduled and run through the end of the year. The stakeholder that introduced this topic and was to chair the group is no longer at the trauma center they represented. The future of this workgroup will be updated after the March 2014 TSO&MC.

Trauma Performance Improvement Committee (TPIC)

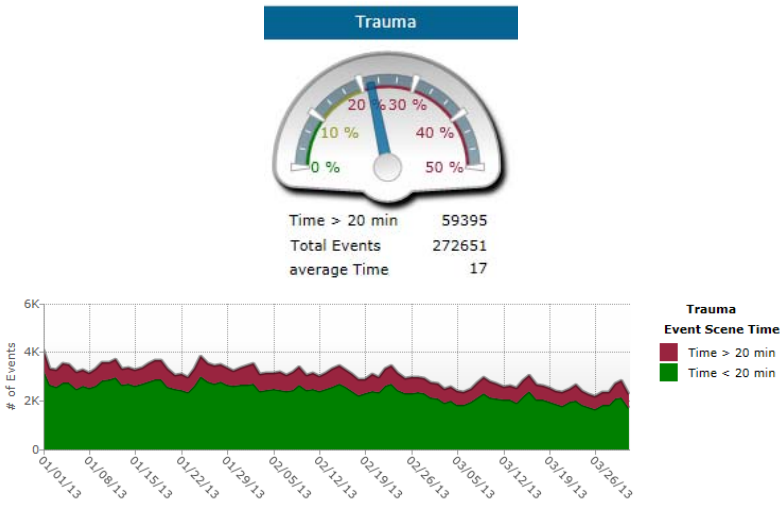
The TPIC continued its discussions on how to best meet the *Code of Virginia* requirement to report potential missed triages for trauma patients back to individual EMS agencies, the State Health Commissioner, and the general public. It is also the desire of the group to develop regional reports. VPHIB will receive a version update later this year that appears to be capable of automating the process of notifying EMS agency leadership directly.

Additionally, the TPIC has established what benchmarks identify a missed triage and are working towards applying risk-adjusted mortality to the analysis. There was also discussion about performing some type of validation exercise to confirm the quality of the data. Staffs reminded the group it has recently done this twice and no further staff time would be dedicated to this. The OEMS informatics coordinator has distributed a detailed report on the validity of existing trauma registry data.

Trauma Triage

The National EMS Information System Technical Assistance Center (NEMSIS TAC) introduced its new EMS Performance Toolkit dashboard. One of the EMS performance measures is on scene time for the various time sensitive illnesses. Figure 8 below illustrates NHTSA performance measure 10.3 the "mean emergency scene interval" for trauma events. While the NEMSIS dashboard is based on 20 minutes scene times, many systems utilize a goal 10 minute on-scene time for major trauma. Figure 8 below is for the first quarter of 2013.

Figure 8 - Exhibits the average on scene time by EMS crews for traumatic events



Virginia Stroke System

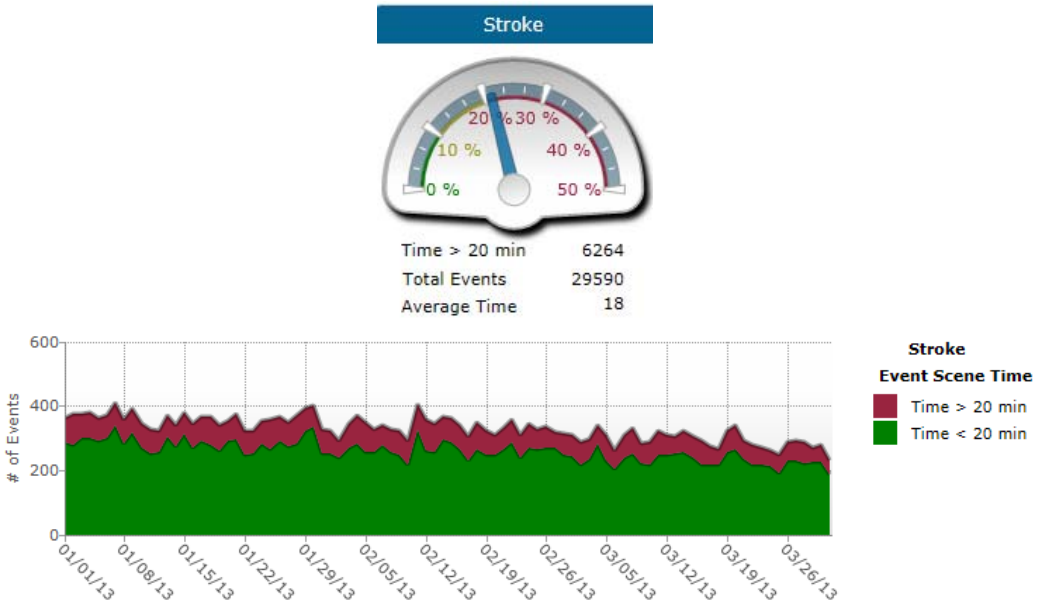
TCC staff holds a position on the Virginia Stroke System Task Force (VSSTF.) Due to staffing, and the workload of the Division, staff was unable to attend the most recent VSSTF. We continue to serve this group in several capacities.

The VSSTF has been staffed by VDH. A member within VDH's Family Health Services was staff to this committee. However, this person's position was funded by a federal grant which was eliminated along with the position. Discussion between VDH and the VSSTF are underway to see what VDH's role will be in the future.

Stroke Triage

The NEMSIS TAC introduced its new EMS Performance Toolkit dashboard. One of the EMS performance measures is on scene time for the various time sensitive illnesses. Figure 9 below illustrates NHTSA performance measure 10.3 the "mean emergency scene interval" for acute stroke events.

Figure 9 - Exhibits the average on scene time by EMS crews for acute stroke events.



Emergency Medical Services for Children (EMSC)

EMS for Children Program Providing Updated Pediatric Tapes (PM 73):

EMS regional councils recently received nearly 2,000 of the latest (*Version 2011 Edition A*) Broselow™ Pediatric Emergency Tapes for distribution to ambulances in their regions that need them. The tapes were purchased with federal funding from the Health Resources and Services

Administration (HRSA) through Virginia's EMSC State Partnership Grant. Many Virginia ambulances are still carrying Version "2007 Edition B" of the Broselow™ tape, which has expired and does not contain changes related to the 2010 AHA standards revision. An additional 1,000 tapes are also being purchased to supply EMS instructors in the Commonwealth and for spot filling where EMS agencies still have need for them. Altogether, nearly $72,000 in federal EMSC funding has been applied this year to provide this essential piece of pediatric equipment for Virginia ambulances.

Assessment Portal OPEN for Virginia EMS Agencies (PM 71, 72, 73):

The EMS for Children Program nationally is surveying EMS agencies to determine their progress toward achieving specific federal Performance Measures related to on-line and off-line pediatric medical direction, and the presence of specific pediatric equipment and supplies on ambulances.

The Virginia online "portal" opened October 1, 2013 and will close January 8, 2014. Located at www.emscsurveys.org, the portal will accept only one assessment for each of the more than 500 Virginia EMS agencies being surveyed. The survey can be saved and returned to as often as necessary before final submission. Emails and letters will go out the week of October 21 reminding agency leadership that the portal is open and requesting their assistance. The OEMS website will also have a link to the portal and a pdf of the assessment that can be printed and used during collection of the data.

Please refer any questions or problems related to this EMSC survey to David Edwards at 804-888-9144 or david.edwards@vdh.virginia.gov.

EMSC Presence at Symposium:

The Virginia EMS for Children program works to support the Annual EMS Symposium educational event in multiple ways, most of them behind the scenes:

- $15,000-$20,000 in federal EMSC funding goes to support numerous pediatric topics, instructors, honorariums, travel expenses, room and use fees, books, etc. in order to keep costs to EMS providers minimal and attract national faculty members and Commonwealth EMS instructors with pediatric expertise.
- Maintenance of an EMS for Children Booth with information on current EMSC projects, hospital and EMS agency assessment, etc.
- Provision of gifts for Symposium drawings. For example: EMSC will provide 2 Broselow/Hinkle™ ALS Systems (portable supplies bag with essential color-coded pediatric emergency care supplies organized within it) with the understanding that the equipment will be donated to the winner's affiliated EMS agency.

The Pediatric Readiness Project Continues:

The national "Pediatric Readiness Project" is an on-going quality improvement initiative, endorsed by a large cadre of national organizations (AAP, ENA, ACEP, HRSA, EMSC, etc.), with the objective of assessing and improving the emergency care of children. The initial phase of this project, an online self-assessment of 4,143 hospitals, was completed in September 2013. 100% of civilian hospitals in Virginia submitted an online assessment and they received immediate feedback in the form of a "gap analysis" and resources to their facility in pursuing further improvement of their "pediatric readiness".

The results of the assessment are still being analyzed, but a rough summary of the initial Virginia data is available from the Virginia EMSC Coordinator upon request by email (david.edwards@vdh.virginia.gov).

Pediatric Immobilization Devices Available Soon:

The EMSC Program plans to purchase a limited number of pediatric immobilization devices for distribution to volunteer EMS agencies that indicate a need. If more requests are received than devices available, a drawing will be held to determine who will receive the items. We anticipate procuring about 20 LSP Pediatric Boards and about 20 Pedi-Mates; questions or interest related to these items should be directed to David Edwards at the Office of EMS.

Facilitating Access to Pediatric Education (PM78, 80):

The Virginia EMSC program is working to facilitate access to pediatric education and training, especially in the form of EPC (*Emergency Pediatric Care*) and *Emergency Nursing Pediatric Course* (ENPC) courses around the Commonwealth. The EMSC program plans to use its funding to continue supporting a number of these courses in areas with historically difficult access to pediatric training.

Pediatric On-Site ED Assessments to Resume (PM 74):

The Virginia EMSC program suspended site visits to small and rural Virginia hospitals to assess their pediatric needs and capabilities while the National Pediatric Readiness Assessment (on-line survey) was in progress. The program uses the *"Joint Policy Statement - Guidelines for Care of Children in the Emergency Department", American Academy of Pediatrics, October 2009* as a guide to assess gaps in basic ED preparedness. This document delineates "guidelines and the resources necessary to prepare hospital emergency departments (EDs) to service pediatric patients" and is endorsed by many organizations. A partial list of those endorsing the guidelines includes:

- American Academy of Pediatrics (AAP)
- American College of Emergency Physicians (ACEP)
- Emergency Nurses Association (ENA)
- American College of Surgeons (ACS)

- American Heart Association (AHA)
- American Pediatric Surgical Association (APSA)
- American Academy of Family Physicians (AAFP)
- National Association of Children's Hospitals and Related Institutions (NACHRI)
- National Association of EMS Physicians (NAEMSP)
- National Association of Emergency Medical Technicians (NAEMT)
- National Association of EMS Officials (NASEMSO)
- Children's National Medical Center
- Brain Injury Association of America (BIAA)
- Safe Kids USA
- National PTA, Society for Academic Emergency Medicine (SAEM)
- Joint Commission on Accreditation of Hospitals

These visits have now resumed and are available to any hospital emergency department upon request. For additional information please contact David Edwards at 804-888-9144 or by email (david.edwards@vdh.virginia.gov).

Pediatric Emergency Care Council (PECC) Notes

The Pediatric Emergency Care Council (PECC) of the National Association of State EMS Officials (NASEMSO) met for two days during the NASEMSO Annual Meeting held September 15-20. PECC is one of five permanent councils established by NASEMSO. Its mission is to provide leadership, promote policies and research, and share resources to improve the emergency medical care system for children. Its vision is to improve health outcomes for children by promoting an emergency medical care system that addresses the unique needs of children.

Some of the PECCs current activity includes:

- Determining evidence-based recommendations for minimum requirements to maintain pediatric care proficiency for recertification of EMS providers (in collaboration with the Education and Professional Standards Council).
- Establishing and maintaining partnerships with state, regional and federal organizations for continued injury prevention collaboration, and including EMS agencies in illness and injury prevention strategies.
- Collaborating with the leadership of HRSA/MCHB in managing challenges for states related to the federal EMSC program and other national initiatives relating to quality emergency pediatric care for children.
- Creating a "checklist tool" for state EMS offices in order to determine gaps in pediatric disaster readiness.
- Maintaining federal recommendations for safe transport of children in ambulances as a "living document".
- Implementing the new national recommendations for equipment for ground ambulances soon to be published.
- Developing an active mentorship program to help retain and support state PEC managers in their unique positions.

- Collaboration with the Trauma Managers Council on their prioritized action areas, including rural trauma, telemedicine, and special populations.
- Providing states with a listing of linkages or references to best practices for emergency pediatric care.
- Maintaining online resources for family centered care, children with special health care needs and the needs of children in disasters.
- Identifying quality indicators to evaluate and improve pediatric emergency care across the continuum of EMS Systems.

Facility Recognition Program Options To Be Evaluated (PM 74):

The EDAP (Emergency Department Approved for Pediatrics) Work Group that has been exploring the feasibility of a *voluntary pediatric facility recognition program* for Virginia EDs will be resuming activity following a "time out" related to the just-completed national Pediatric Readiness Assessment (PRA) of hospitals. Work group members will be evaluating the results of the PRA in relation to Virginia hospital needs, and will be conferring closely with the Virginia Hospital and Healthcare Association (VHHA) and many other stakeholders as work to establish ways to encourage improvement and recognize excellence in pediatric emergency care in Virginia continues.

Suggestions/Questions

Suggestions or questions regarding the Virginia EMS for Children program should be submitted to David Edwards via david.edwards@vdh.virginia.gov or by calling the EMSC program within the Office of EMS at 804-888-9144. We welcome your interest and support.

Poison Control Services

OEMS' Div. of TCC serves as the contract administrator for the three poison centers that make up the Virginia Poison Control Network (VPCN). During this quarter, staff has met with the poison centers on a couple of occasions. The meetings were held to discuss strategic planning and funding.

OEMS had identified surplus funding that that no legal language exists to determine how those funds can be utilized or rolled into any other budget item. Initially with support of the agency OEMS staffs developed proposed budget bill language that would have allowed these funds to be directed to the poison centers. This language ultimately was rejected by VDH.

To provide support to this funding and other funding in the future there was consensus from staff and the poison centers to perform some strategic planning to be added to the State EMS Plan and also to work towards developing a unified poison control network database. A unified database would not only be a cost savings to the poison centers but would also enhance their ability to access a universal patient level poison record. This would be especially helpful at times the poison centers divert poison calls to one another.

During an October 16, 2013 meeting VDH's Chief Deputy Commissioner relayed to OEMS staffs and the poison centers that in addition to the funds mentioned supra, that the $1 million in General Funds dedicated to poison centers would be "Zeroed" out and a non-general fund source will be looked for to replace the general funds. It was said that VDH was "obligated to put poison funding on the table."

The strategic planning meetings had been put on hold awaiting the update on funding and will be resumed.

Durable Do Not Resuscitate (DDNR)

The Division of Trauma and Critical Care staff continue to attend recent POST state meetings and continue to support their efforts to stream line issues surrounding living wills and DNR topics.

Downloadable DDNR: Just as a reminder the Durable Do Not Resuscitate form is available for download and printing on the OEMS website. The regulations also now allow for legible photocopies of DNR orders to be accepted by health care personnel. The new form can be seen on-line at http://www.vdh.virginia.gov/oems/ddnr/ddnr.asp.

Staff do continue to attend POST meetings and webinars as well as keep the lines of communication open with this program that involved do not resuscitate issues.

Respectfully Submitted

Office of EMS Staff

Appendix A

Appendix A

☒ Committee Motion: Name: Training And Certification Committee

☐ Individual Motion: Name:

Motion:
The EMS Advisory Board recommends the following actions to address HB1856 that pertains to the section addressing that "The Board, in cooperation with the State Emergency Medical Services Advisory Board, shall also review the training for emergency medical services personnel throughout the state to identify and address disparities in the delivery of training to and the availability of training for emergency medical services personnel" develop a process to identify the need for and complete a program(s) with the intent of attracting and recruiting volunteers for EMT certification, utilizing various resources including but not limited to EMS Regional Councils, no later than the June 30, 2015. The details of such activity will be developed in association with the EMS Regional Councils as follows.

1. Present this proposal to TCC for action on October 9, 2013.
2. Present this proposal to EMS Advisory Board Executive Committee for action on October 10, 2013.
3. Present this proposal to the Commissioner of Health by October 16, 2013.
4. OEMS develop the program goal(s).
5. OEMS in association with the EMS Regional Councils identify in their respective council areas if and where a volunteer oriented program may be needed by February 15, 2014.
6. Based upon the goal, the Regional Councils shall develop a plan as they determine necessary to achieve specified goals by May 2014.
7. Implement identified programs by September 15, 2014.

EMS Plan Reference (include section number):

CHAPTER 429
An Act to require the State Board of Health to develop certain policies related to statewide emergency medical services.
[H 1856]
Approved March 16, 2013

Be it enacted by the General Assembly of Virginia:
1. § 1. That the Board of Health shall direct the State Emergency Medical Services Advisory Board to, by July 1, 2014, develop and facilitate the implementation of (i) a process whereby an emergency medical services provider who is certified by the Office of Emergency Medical Services pursuant to § 32.1-111.5 and who has received an adverse decision related to his authority to provide emergency medical care on behalf of an emergency medical services agency under the authority of an agency operational medical director shall be informed of the appeals process and (ii) a standard operating procedure template to be used in the development of local protocols for emergency medical services personnel for basic life support services provided by emergency medical services personnel. The Board, in cooperation with the State Emergency Medical Services Advisory Board, shall also review the training for emergency medical services personnel throughout the state to identify and address disparities in the delivery of training to and the availability of training for emergency medical services personnel. The Board shall report on

its progress in meeting the requirements of this act to the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health no later than December 1, 2013.

Committee Minority Opinion (as needed):

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

Vote: By Acclamation: ☐ Approved ☐ Not Approved

By Count: Yea: _____ Nay: _____ Abstain: _____

Board Minority Opinion:

Meeting
Date:

Appendix B

☒ Committee Motion: Name: Medical Direction Committee

☐ Individual Motion: Name: _____

Motion:
To adopt the revised Procedures and Formulary grids using evidence-based practice medicine to enhance prehospital care in Virginia.

EMS Plan Reference (include section number):

3.1.8 - Through a consensus process, develop recommendations for an evidence-based patient care guidelines and formulary.

Committee Minority Opinion (as needed):

None. There was no opposition or abtensions.

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

Vote: By Acclamation: ☐ Approved ☐ Not Approved

By Count: Yea: _____ Nay: _____ Abstain: _____

Board Minority Opinion:

Virginia Office of Emergency Medical Services

Scope of Practice - Procedures for EMS Personnel

This SOP represents ***practice maximums*** .

PROCEDURE	SKILL	PROCEDURE SUBTYPE	EMR	EMT	AEMT	I	P
Specific tasks in this document shall refer to the Virginia Education Standards.							
AIRWAY TECHNIQUES							
Airway Adjuncts							
	Oropharyngeal Airway		●	●	●	●	●
	Nasopharyngeal Airway		●	●	●	●	●
Airway Maneuvers							
	Head tilt jaw thrust		●	●	●	●	●
	Jaw thrust		●	●	●	●	●
	Chin lift		●	●	●	●	●
	Cricoid Pressure		●	●	●	●	●
	Management of existing Tracheostomy			●	●	●	●
Alternate Airway Devices							
	Non Visualized Airway Devices	Supraglottic		●	●	●	●
Cricothyrotomy							
	Needle						●
	Surgical	Includes percutaneous techniques					●
Obstructed Airway Clearance							
	Manual		●	●	●	●	●
	Visualize Upper-airway				●	●	●
Intubation							
	Nasotracheal						●
	Orotracheal - Over age 12					●	●
	Pharmacological facilitation with paralytic	Adult Neuromuscular Blockade					●
	Confirmation procedures			●	●	●	●
	Pediatric Orotracheal						●
	Pediatric paralytics						●
	Pediatric sedation						●
Oxygen Delivery Systems							
	Nasal Cannula		●	●	●	●	●
	Venturi Mask			●	●	●	●
	Simple Face Mask		●	●	●	●	●
	Partial Rebreather Face Mask			●	●	●	●
	Non-rebreather Face Mask		●	●	●	●	●
	Face Tent			●	●	●	●
	Tracheal Cuff			●	●	●	●

"Investigational medications and procedures which have been reviewed and approved by an Institutional Review Board (IRB) will be considered to be approved by the Medical Direction Committee solely within the context of the approved study. Investigators involved in IRB approved research are asked to present their study plans to the MDC for informational purposes so that the committee can maintain an awareness of on-going pre-hospital research in the Commonwealth. Those who desire to conduct non-IRB reviewed pilot projects, demonstration projects, or research are asked to present those proposals to the MDC prior to their implementation for review and approval by the MDC."

Use of medication not listed which is indicated by medical control and/or the operational medical director due to the use of a weapon of mass destruction is exempt from this list.

This SOP represents ***practice maximums*** .

PROCEDURE	SKILL	PROCEDURE SUBTYPE	EMR	EMT	AEMT	I	P
	Oxygen Hood					●	●
	O2 Powered Flow restricted device			●	●	●	●
	Humidification			●	●	●	●
Suction							
	Manually Operated		●	●	●	●	●
	Mechanically Operated		●	●	●	●	●
	Pharyngeal		●	●	●	●	●
	Bronchial-Tracheal			●	●	●	●
	Oral Suctioning		●	●	●	●	●
	Naso-pharyngeal Suctioning			●	●	●	●
	Endotracheal Suctioning			●	●	●	●
	Meconium Aspiration Neonate with ET						●
Ventilation – assisted / mechanical							
	Mouth to Mask		●	●	●	●	●
	Mouth to Mask with O2		●	●	●	●	●
	Bag-Valve-Mask Adult		●	●	●	●	●
	Bag-Valve-Mask with supplemental O2 Adult		●	●	●	●	●
	Bag-Valve-Mask with supplemental O2 and reservoir Adult		●	●	●	●	●
	Bag-Valve-Mask Pediatric		●	●	●	●	●

"Investigational medications and procedures which have been reviewed and approved by an Institutional Review Board (IRB) will be considered to be approved by the Medical Direction Committee solely within the context of the approved study. Investigators involved in IRB approved research are asked to present their study plans to the MDC for informational purposes so that the committee can maintain an awareness of on-going pre-hospital research in the Commonwealth. Those who desire to conduct non-IRB reviewed pilot projects, demonstration projects, or research are asked to present those proposals to the MDC prior to their implementation for review and approval by the MDC."

Use of medication not listed which is indicated by medical control and/or the operational medical director due to the use of a weapon of mass destruction is exempt from this list.

Virginia Office of Emergency Medical Services
Scope of Practice - Procedures for EMS Personnel

This SOP represents ***practice maximums*** .

PROCEDURE	SKILL	PROCEDURE SUBTYPE	EMR	EMT	AEMT	I	P
	Bag-Valve-Mask with supplemental O2 Pediatric		●	●	●	●	●
	Bag-Valve-Mask with supplemental O2 and reservoir Pediatric		●	●	●	●	●
	Bag-Valve-Mask neonate/infant		●	●	●	●	●
	Bag-Valve-Mask with supplemental O2 Neonate/Infant		●	●	●	●	●
	Bag-Valve-Mask with supplemental O2 and reservoir Neonate/Infant		●	●	●	●	●
	Noninvasive positive pressure vent.	CPAP, fixed pressure		●	●	●	●
		CPAP, BiPAP, PEEP adjustable				●	●
	Jet insuflation						●
	Mechanical Ventilator (Manual/Automated Transport Ventilator)	Maintain long term/established			●	●	●
		Initiate/Manage ventilator				●	●
Anesthesia (Local)						●	●
Pain Control & Sedation							
	Self Administered inhaled analgesics			●	●	●	●
	Pharmacological (non-inhaled)				●	●	●
	Patient controlled analgesia (PCA)	Maintain established			●	●	●
	Epidural catheters (maintain)	Maintain established				●	●
Blood and Component Therapy Administration		Maintain				●	●
		Initiate					●
Diagnostic Procedures							
	Blood chemistry analysis			●	●	●	●
	Capnography			●	●	●	●
	Pulmonary function measurement				●	●	●
	Pulse Oximetry			●	●	●	●
	Ultrasonography						●
Genital/Urinary							
	Bladder catheterization						
	Foley catheter	Place bladder catheter					●
		Maintain bladder catheter		●	●	●	●

"Investigational medications and procedures which have been reviewed and approved by an Institutional Review Board (IRB) will be considered to be approved by the Medical Direction Committee solely within the context of the approved study. Investigators involved in IRB approved research are asked to present their study plans to the MDC for informational purposes so that the committee can maintain an awareness of on-going pre-hospital research in the Commonwealth. Those who desire to conduct non-IRB reviewed pilot projects, demonstration projects, or research are asked to present those proposals to the MDC prior to their implementation for review and approval by the MDC."

Use of medication not listed which is indicated by medical control and/or the operational medical director due to the use of a weapon of mass destruction is exempt from this list.

Virginia Office of Emergency Medical Services

Scope of Practice - Procedures for EMS Personnel

This SOP represents ***practice maximums*** .

PROCEDURE	SKILL	PROCEDURE SUBTYPE	EMR	EMT	AEMT	I	P
Head and Neck							
	ICP Monitor (maintain)						●
	Control of epistaxis		●	●	●	●	●
		Inserted epistaxis control devices			●	●	●
	Tooth replacement		●	●	●	●	●
Hemodynamic Techniques							
	Arterial catheter maintenance						●
	Central venous maintenance				●	●	●
	Access indwelling port					●	●
	Intraosseous access & infusion				●	●	●
	Peripheral venous access and maintenance				●	●	●
	Umbilical Catheter Insertion/Management						●
	Monitoring Existing IVs			●	●	●	●
	Mechanical IV Pumps				●	●	●
Hemodynamic Monitoring							
	ECG acquisition		●	●	●	●	●
	ECG Interpretation					●	●
	Invasive Hemodynamic Monitoring						●
Obstetrics							
	Delivery of newborn		●	●	●	●	●
Other Techniques							
	Vital Signs		●	●	●	●	●
	Bleeding control		●	●	●	●	●
		Tourniquets	●	●	●	●	●
	Foreign body removal	Superificial without local anesthsia		●	●	●	●
		Imbedded with local anesthesia/exploration				●	●
	Incision/Drainage						●
	Intravenous therapy				●	●	●
	Medication administration			●	●	●	●
	Nasogastric tube			●	●	●	●
	Orogastric tube			●	●	●	●

"Investigational medications and procedures which have been reviewed and approved by an Institutional Review Board (IRB) will be considered to be approved by the Medical Direction Committee solely within the context of the approved study. Investigators involved in IRB approved research are asked to present their study plans to the MDC for informational purposes so that the committee can maintain an awareness of on-going pre-hospital research in the Commonwealth. Those who desire to conduct non-IRB reviewed pilot projects, demonstration projects, or research are asked to present those proposals to the MDC prior to their implementation for review and approval by the MDC."

Use of medication not listed which is indicated by medical control and/or the operational medical director due to the use of a weapon of mass destruction is exempt from this list.

Virginia Office of Emergency Medical Services

Scope of Practice - Procedures for EMS Personnel

This SOP represents ***practice maximums*** .

PROCEDURE	SKILL	PROCEDURE SUBTYPE	EMR	EMT	AEMT	I	P
	Pericardiocentesis						●
	Pleural decompression					●	●
	Patient restraint physical			●	●	●	●
	Patient restraint chemical					●	●
	Sexual assault victim management			●	●	●	●
	Trephination of nails						●
	Wound closure techniques					●	●
	Wound management		●	●	●	●	●
	Pressure Bag for High altitude						●
	Treat and Release			●	●	●	●
	Vagal Maneuvers/Carotid Massage					●	●
	Intranasal medication administration	Fixed/unit dose medications		●	●	●	●
		Dose calculation/measurement			●	●	●
Resuscitation							
	Cardiopulmonary resuscitation (CPR) (all ages)		●	●	●	●	●
	Cardiac pacing					●	●
	Defibrillation/Cardioversion	AED	●	●	●	●	●
	Post resuscitative care			●	●	●	●
Skeletal Procedures							
	Care of the amputated part		●	●	●	●	●
	Fracture/Dislocation immobilization techniques		●	●	●	●	●
	Fracture/Dislocation reduction techniques	Manipulation of angulated/pulseless extremities		●	●	●	●
		Joint reduction techniques		●	●	●	●
	Spine immobilization techniques		●	●	●	●	●
Thoracic							
	Thoracostomy (refer to "Other Techniques")						●
Body Substance Isolation / PPE			●	●	●	●	●
Lifting and moving techniques			●	●	●	●	●

"Investigational medications and procedures which have been reviewed and approved by an Institutional Review Board (IRB) will be considered to be approved by the Medical Direction Committee solely within the context of the approved study. Investigators involved in IRB approved research are asked to present their study plans to the MDC for informational purposes so that the committee can maintain an awareness of on-going pre-hospital research in the Commonwealth. Those who desire to conduct non-IRB reviewed pilot projects, demonstration projects, or research are asked to present those proposals to the MDC prior to their implementation for review and approval by the MDC."

Use of medication not listed which is indicated by medical control and/or the operational medical director due to the use of a weapon of mass destruction is exempt from this list.

Virginia Office of Emergency Medical Services
Scope of Practice - Procedures for EMS Personnel

This SOP represents ***practice maximums*** .

PROCEDURE	SKILL	PROCEDURE SUBTYPE	EMR	EMT	AEMT	I	P
Gastro-Intestinal Techniques							
	Management of non-displaced gastrostomy tube						●
Ophthalmological							
	Morgan Lenses			●	●	●	●
	Corneal Exam with fluorescein					●	●
	Ocular irrigation		●	●	●	●	●

"Investigational medications and procedures which have been reviewed and approved by an Institutional Review Board (IRB) will be considered to be approved by the Medical Direction Committee solely within the context of the approved study. Investigators involved in IRB approved research are asked to present their study plans to the MDC for informational purposes so that the committee can maintain an awareness of on-going pre-hospital research in the Commonwealth. Those who desire to conduct non-IRB reviewed pilot projects, demonstration projects, or research are asked to present those proposals to the MDC prior to their implementation for review and approval by the MDC."

Use of medication not listed which is indicated by medical control and/or the operational medical director due to the use of a weapon of mass destruction is exempt from this list.

Meeting
Date:

Appendix C

VIRGINIA OFFICE OF EMERGENCY MEDICAL SERVICES STATE STRATEGIC AND OPERATIONAL PLAN

Virginia
OFFICE OF EMERGENCY MEDICAL SERVICES
Virginia Department of Health
www.vdh.virginia.gov/oems

2013 - 2016

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 nineteen 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. Additionally, OEMS is prepared to report on the progress of the plan to the Board of Health or other interested parties upon request, and through the OEMS Annual Reports, and Service Area Plans as required by VDH, and the Code of Virginia.

This operational plan identifies the specific initiatives required of the OEMS staff in executing the 2013 – 2016 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 three (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, division, or entity that has the lead responsibility for the implementation of the objective or action step. The plan will be reviewed quarterly, and 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.

Virginia Office of Emergency Medical Services 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 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.

Virginia Office of Emergency Medical Services Vision Statement

To establish a unified, comprehensive and effective EMS system for the Commonwealth of Virginia that provides for the health and safety of its citizens and visitors.

What is the Emergency Medical Services system in Virginia?

The Virginia Emergency Medical Services (EMS) system is very large and complex, involving a wide variety of EMS agencies and personnel, including volunteer and career providers functioning in volunteer rescue squads, municipal fire departments, commercial ambulance services, hospitals, and a number of other settings to enable the EMS community to provide the highest quality emergency medical care possible to those in need. Every person living in or traveling through the state is a potential recipient of emergency medical care.

The Virginia Department of Health, Office of Emergency Medical Service (OEMS) is responsible for development of an efficient and effective statewide EMS system. The EMS System in Virginia is designed to respond to any and all situations where emergency medical care is necessary. This is accomplished through a coordinated system of over 35,000 trained, prepared and certified providers, nearly 4,500 permitted EMS vehicles, and over 680 licensed EMS agencies, to provide ground and air emergency medical care to all citizens of the Commonwealth of Virginia.

Appendix A – Planning Strategy Matrix

	Strategic Initiative 1.1- Promote Collaborative Approaches		
	Objectives	***Accountability***	***Action Steps***
Core Strategy 1: Develop Partnerships	1.1.1 Use technology to provide accurate and timely communication within the Virginia EMS System	OEMS, Regional EMS Councils	1.1.1.1 Track and report on amount, and general content of material posted to OEMS and Regional EMS Council websites and social media on a monthly and quarterly basis.
	1.1.2 Promote collaborative activities between local government, EMS agencies, hospitals, and increase recruitment and retention of certified EMS providers.	OEMS, System stakeholders	1.1.2.1. Determine amount of new EMS providers recruited via recruitment and retention programs and activities. 1.1.2.2. Continue to schedule "Keeping The Best!' programs. 1.1.2.3. Maintain informational items regarding benefits and incentives for local governments to provide to volunteer fire and EMS providers. 1.1.2.4. Educate and familiarize local government officials on the importance in taking a greater role in EMS planning and coordination.
	1.1.3 Provide a platform for clear, accurate, and concise information sharing and improved interagency communications between the Office of EMS, state agencies and EMS system stakeholders in Virginia.	OEMS, State Agencies (VDEM, OCP, VSP, VDFP), Regional EMS Councils, System Stakeholders.	1.1.3.1. Encourage agencies and providers to visit OEMS web page regularly, subscribe to OEMS e-mail list, and social media. 1.1.3.2. Encourage providers to utilize OEMS Provider Portal.
	1.1.4 Identify resources and/or opportunities to work collaboratively with other state agencies, organizations, and associations to improve processes and patient outcomes.	OEMS	1.1.4.1. Attend meetings of, and exchange knowledge with the National Association of State EMS Officials. 1.1.4.2. Encourage appropriate state agencies and organizations to participate in meetings and activities hosted or sponsored by OEMS. 1.1.4.3. Collaboration among Air Medical Services (AMS) entities to ensure systems enhancements.
	1.1.5 Promote data sharing projects which benefit internal and external projects	OEMS	1.1.5.1. Further data sharing efforts with the highway safety community. 1.1.5.2 Establish data use agreements with bordering states to share EMS data on a regional level utilizing the national EMS database. 1.1.5.3 Provide a means for VDH bio-surveillance programs to utilize VPHIB data.

	Strategic Initiative 1.2 – Coordinate responses to emergencies both natural and man-made.		
	Objectives	***Accountability***	***Action Steps***
Core Strategy 1: Develop Partnerships	1.2.1 Support, coordinate and maintain deployable emergency response resources.	OEMS, VDEM	1.2.1.1. Create recruiting and selection process for resource management team. 1.2.1.2 Work to recruit single resource components to the HMERT system
	1.2.2 Increase knowledge of Emergency Operations capabilities with Emergency Managers, leaders, and supervisors on a local, regional, and state level.	OEMS	1.2.2.1. Continue to promote Emergency Operations resources, training courses, and abilities to localities across the Commonwealth.
	1.2.3 Assist EMS agencies to prepare and respond to natural and man-made emergencies by incorporating strategies to develop emergency response plans (the plan) that address the four phases of an emergency (preparedness, mitigation, response, and recovery) and to exercise the plan.	OEMS, VDEM	1.2.3.1. Create and promote planning templates aimed at EMS agencies, specifically related to COOP, Emergency Preparedness, and response concerns (MCI, Surge Planning, etc.)

	Strategic Initiative 2.1 - Sponsor EMS related research and education.		
	Objectives	***Accountability***	***Action Steps***
Core Strategy 2: Create Tools and Resources	2.1.1 Sponsor research and other projects that contribute to high quality EMS and improve patient outcomes utilizing data collected by the EMS Registries.	OEMS	2.1.1.1. Revive "Trends in Trauma and Emergency Medicine" as a web based product • Begin with Statewide summaries from VSTR and VPHIB for 2007 – 2011 by end of CY 2013 • Add Regional EMS Council level summaries by end of FY 2014 2.1.1.2. Expand "Trends in Trauma and Emergency Medicine" to include • Measures based on combined VSTR and VPHIB data to be available to the public by the November EMS Advisory Board meeting annual beginning in CY 2014. 2.1.1.3. Develop VSTR and VPHIB research data set to be available for entities upon request and that have obtained an institutional review board approval by the end of 2015.
	2.1.2 Determine quality of EMS service and conduct analysis of trauma triage effectiveness.	OEMS, Designated Trauma Centers, TSO & MC, Regional EMS Councils	2.1.2.1. Trauma Performance Improvement Committee and/or EMS staffs will provide quarterly reports to the regional trauma committees via their representative on the TSO&MC that identify over and under triage events due on the established schedule that OMS staff submits its contribution to the EMS Quarterly Report to the EMS Advisory Board. The statewide version of this quarterly report shall be included in the quarterly report and posted on the OEMS Web site. 2.1.2.2. Develop and implement OEMS component of VDH Data Warehouse (DW) by end of CY 2014 • Use DW to integrate VPHIB and VSTR data by the end of 2015. • Use DW to access and integrate VHI and Vital Statistics data OEMS databases. • Provide agency-wide access to EMS data to be used in other public health efforts. 2.1.2.3. Use the DW to support bio-surveillance projects being performed within the VDH.
	2.1.3 Establish scholarships for EMS provider education and EMS specific research.	OEMS, FARC, Regional EMS Councils. Other EMS Stakeholders	2.1.3.1. Establish scholarship program for EMS education. 2.1.3.2. Establish funding program for EMS research.
	2.1.4 Evaluate the impact of an aging workforce on service provision around the State.	OEMS, Workforce Development Committee, VAGEMSA, VAVRS	2.1.4.1. Assess demographic and profile characteristics of EMS Providers in Virginia through EMS Provider Portal. 2.1.4.2. Utilize EMS database to evaluate information related to impact of aging workforce on provision of EMS service.

	Strategic Initiative 2.2 - Supply quality education and certification of EMS personnel.		
	Objectives	***Accountability***	***Action Steps***
Core Strategy 2: Create Tools and Resources	2.2.1 Ensure adequate, accessible, and quality EMS provider training and continuing education exists in Virginia.	OEMS, Training and Certification Committee, Regional EMS Councils	2.2.1.1. Widely publicize the availability of and ensure adequate, accessible and quality EMS provider training and continuing education through course offerings held across the state." 2.2.1.2. Review student disposition on a bi-annual basis; identifying areas of concern for TCC input and possible corrective action. 2.2.1.3 Provide continued support for an annual multi-disciplinary EMS Symposium (i.e. Virginia EMS Symposium) as a primary statewide EMS system continuing education event.
	2.2.2 Enhance competency based EMS training programs.	OEMS, Training and Certification Committee, MDC	2.2.2.1. Compare and contrast traditional versus competency based programs. 2.2.2.2 Identify and document aspects from competency based programs that directors feel enhance their programs as compared to the traditional approach.
	2.2.3 Develop, implement and promote leadership and management standards for EMS agency leaders.	OEMS, Workforce Development Committee	2.2.3.1. Development of EMS Officer standards based on duties of Attendant in Charge position, supervisor, and director. 2.2.3.2. Test efficacy of standards through pilot program annually.
	2.2.4 Align all initial EMS education programs to that of other allied health professions to promote professionalism of EMS.	OEMS, Training and Certification Committee, MDC, Board of Health Professions	2.2.4.1. Proactively promote Advanced Level EMT Training (AEMT)
	2.2.5 Increase the amount and quality of pediatric training and educational resources for EMS providers, emergency department staff in Virginia.	OEMS, EMSC Committee, VHHA	2.2.5.1. Purchase and distribute pediatric training equipment for EMS agencies. 2.2.5.2. Sponsor pediatric training related instructor courses. 2.2.5.3. Provide support for speakers and topics at the annual VA EMS Symposium.
	2.2.6 Provide an increased number of training opportunities for EMS personnel in Emergency Operations methods and activities.	OEMS, VDEM	2.2.6.1. Create a yearly training calendar for OEMS sponsored Em. Ops. Training offerings. 2.2.6.2. Review and update MCI management modules.
	2.2.7. Assure an adequate amount and quality of geriatric training and educational resources for EMS providers, emergency department staff and primary care providers in Virginia.	OEMS, TCC, MDC	2.2.7.1. Sponsor geriatric training related instructor courses. 2.2.7.2. Provide support for speakers and topics at the annual VA EMS Symposium.

	Strategic Initiative 3.1 - EMS Regulations, Protocols, Policies, and Standards		
	Objectives	***Accountability***	***Action Steps***
Core Strategy 3: Develop Infrastructure	3.1.1 Review and assess state and federal legislation related to the EMS system.	OEMS, Rules and Regulations Committee, Legislation and Planning Committee	3.1.1.1. Legislation review, determination of impact of legislation on VA EMS system. 3.1.1.2. Gather legislative news and interest items from NASEMSO, and EMS Advocates.
	3.1.2 Establish standards for the utilization of Air Medical Services (AMS).	OEMS, State Medevac Committee. MDC	3.1.2.1. Development of AMS guidelines for proper resource utilization.
	3.1.3 Establish statewide Air/Ground Safety Standards.	OEMS, State Medevac Committee	3.1.3.1. Identify and adopt universal safety standards. 3.1.3.2. Maintain weather turn down system. 3.1.3.3. Establish standard safety protocols and training based on protocols. 3.1.3.4. Standardize air/ground safety standards. 3.1.3.5. Standardize LZ procedures. 3.1.3.6. Develop process for consistent use of air to air communication.

	Strategic Initiative 3.1 - EMS Regulations, Protocols, Policies, and Standards (Continued)		
	Objectives	***Accountability***	***Action Steps***
Core Strategy 3: Develop Infrastructure	3.1.4 Develop criteria for a voluntary Virginia Standards of Excellence Recognition Program for EMS Agencies.	OEMS, Workforce Development Committee	3.1.4.1. Approval of first stage of voluntary accreditation standards by state EMS Advisory Board. 3.1.4.2. Implement and market program to interested agencies. 3.1.4.3. Evaluate efficacy of program based on feedback of EMS agency officials and Technical Assistance Teams.
	3.1.5 Maintain and enhance the Trauma Center designation process.	OEMS, Trauma System Oversight & Management Committee, EMSC	3.1.5.1. Revise the trauma designation criteria to include burn criteria, pediatric criteria, nursing education requirements and infrastructure needs. 3.1.5.2. Conduct an analysis to determine the benefits of adding Level IV designation to our trauma care system.
	3.1.6 Maintain and enhance the Regional EMS Council designation process.	OEMS	3.1.6.1. Evaluate pros/cons of initial designation process. 3.1.6.2. Incorporate input of applicants and evaluators into next round of designations. 3.1.6.3. Conduct re-designation of councils on staggered basis in 2013 and 2014.
	3.1.7 Establish standardized methods and procedures for the inspection and licensing and/or permitting of all EMS agencies and vehicles, including equipment and supply requirements.	OEMS, Transportation Committee	3.1.7.1. Development of standard inspection checklist, to include all aspects of agency and EMS vehicle inspection.
	3.1.8 Through a consensus process, develop a recommendation for evidence-based patient care guidelines and formulary.	OEMS, State EMS Medical Director, Medical Direction Committee, Patient Care Guidelines Ad-hoc Workgroup, Drug Formulary Ad-hoc Workgroup, Board of Pharmacy.	3.1.8.1. Resource document being developed to assist regional medical directors, agency medical director and agency personnel as patient care guidelines and protocols are produced.

	Strategic Initiative 3.2 - Focus recruitment and retention efforts		
	Objectives	***Accountability***	***Action Steps***
Core Strategy 3: Develop Infrastructure	3.2.1 Develop, implement, and promote a comprehensive recruitment and retention campaign for EMS personnel and physicians, supporting the needs of the EMS system.	OEMS, State EMS Medical Director, Medical Direction Committee, Workforce Development Committee, FARC, Regional EMS Councils	3.2.1.1. Continue to support "VA EMS Jobs" website. 3.2.1.2. Develop and implement voluntary "Standards of Excellence" for EMS agencies. 3.2.1.3. Maintain Leadership & Management Track at the VA EMS Symposium, and recommend topics and presenters. 3.2.1.4. Continue to promote and support special RSAF applications related to recruitment and retention of EMS providers. 3.2.1.5 Review and promote the OMD Workshop Curriculum 3.2.1.6 Promote and develop an ongoing relationship with EMS Fellowship Programs
	3.2.2 Support and expand the Virginia Recruitment and Retention Network.	OEMS, Workforce Development Committee	3.2.2.1. Continue to support information and education for distribution. 3.2.2.2. Seek new avenues for EMS recruitment outreach. 3.2.2.3. Recommend strategies to expand existing programs and distribute to EMS stakeholders.
	3.2.3 Develop, implement, and promote the EMS Officer standards program.	OEMS, Workforce Development Committee	3.2.3.1. Provide Virginia's EMS agencies with the highest quality of leadership. 3.2.3.2. Develop and/or review leadership criteria and qualifications for managing an EMS agency. 3.2.3.3. Develop model job descriptions for EMS Officers.

	Strategic Initiative 3.3 – Upgrade technology and communication systems		
	Objectives	***Accountability***	***Action Steps***
Core Strategy 3: Develop Infrastructure	3.3.1 Assist with, and promote, the compliance of all emergency medical radio systems with state and federal regulations for narrow banding and interoperability.	OEMS, Communications Committee	3.3.1.1. Continue to ensure that all emergency medical radio systems meet FCC mandated narrow banding regulation. 3.3.1.2. Prior to 2015, ensure that all emergency medical radio systems meet state interoperability requirements.
	3.3.2 Promote emergency medical dispatch standards and accreditation among 911 Public Safety Answering Points (PSAPs) in Virginia.	OEMS, Communications Committee	3.3.2.1. Support concept of accredited PSAPs, operating with emergency medical dispatch (EMD) standards, and assist agencies in achieving accreditation, and/or adopting EMD as standard operating procedure.
	3.3.3 Provide technical assistance on wireless communication products available for use in the emergency medical community.	OEMS, Communications Committee	3.3.3.1. Continue to stay informed and up to date on new products and technologies, and serve as information conduit to communications entities.

	Strategic Initiative 3.4 – Stable support for EMS funding		
	Objectives	***Accountability***	***Action Steps***
Core Strategy 3: Develop Infrastructure	3.4.1 Standardize EMS grant review and grading process by graders at regional and state level.	OEMS, FARC	3.4.1.1. Revise RSAF grant review sheet developed by FARC and OEMS Staff, and continue to evaluate for efficacy. 3.4.1.2. Solicit concerns/comments of regional EMS councils/stakeholders regarding the grant process.
	3.4.2 Explore feasibility of creating EMS consortium for purchase of EMS equipment and supplies.	OEMS, FARC, Transportation Committee	3.4.2.2. Collaborate with DGS in developing resource guide, and distribute to grant applicants.
	3.4.3 Develop uniform pricing schedule for state funded items.	OEMS, FARC	3.4.3.1. Determine items that can be standardized. 3.4.3.2. Distribute schedule to grant applicants.
	3.4.4 Develop standard specifications for state grant funded equipment awarded to eligible non-profit EMS agencies.	OEMS, FARC, VDH Office of Purchasing and General Services	3.4.4.1. Develop and maintain list of eligible equipment and vehicles that agencies are eligible to purchase using state grant funds. 3.4.4.2. Utilize standard equipment and vehicle lists for future grant applications and cycles.
	3.4.5 Assist EMS agencies to identify grant programs and funding sources for EMS equipment, training, and supplies.	OEMS, FARC	3.4.5.1. Continue to promote RSAF program through Regional EMS Councils. 3.4.5.2. Identify grant opportunities that EMS agencies may be eligible for, distribute information to EMS system.
	3.4.6 Integrate state grant funding programs with other related grant funding programs.	OEMS, FARC	3.4.6.1. Continue to seek federal grant funds for items intended to improve the statewide EMS system .
	3.4.7 Develop guidance documents to assist EMS agencies account for the use of state grant funds and develop internal audit processes.	OEMS, FARC	3.4.7.1. Work with contracted audit firms and Office of Internal Audit to create reference documents to assist agencies to account for grant funds, and ensure sound auditing practices.

	Strategic Initiative 3.5 – Enhance regional and local EMS efficiencies		
	Objectives	***Accountability***	***Action Steps***
Core Strategy 3: Develop Infrastructure	3.5.1 Standardize performance and outcomes based service contracts with designated Regional EMS Councils and other qualified entities.	OEMS, Regional EMS Councils	3.5.1.1. Maintain annual service contracts with Regional EMS Councils. 3.5.1.2. Provide standard contracts, plan templates, and other reference documents to Regional EMS Councils in each fiscal year. 3.5.1.3. Provide input on contract deliverables to Regional EMS Councils on a quarterly basis.
	3.5.2 Improve regulation and oversight of air medical services (AMS) statewide.	OEMS, State Medevac Committee, Rules & Regulations Committee, MDC	3.5.2.1. Revise/implement state AMS regulations. More clearly define licensure requirements for AMS agencies. 3.5.2.2. Establish response areas for AMS agencies. 3.5.2.3. Develop criteria for ongoing AMS performance improvement program.
	3.5.3 Educate local government officials and communities about the value of a high quality EMS system to promote development in economically depressed communities and the importance of assuming a greater responsibility in the planning, development, implementation, and evaluation of it's emergency medical services system.	OEMS, Workforce Development Committee, OMHHE	3.5.3.1. Give presentations at Virginia Association of Counties (VACO) and Virginia Municipal League (VML) meetings, to educate local government officials about EMS. 3.5.3.2. Contribute EMS related articles and news items to monthly and quarterly publications of VACO and VML.

	Strategic Initiative 4.1 – Assess compliance with EMS performance driven standards.		
	Objectives	***Accountability***	***Action Steps***
Core Strategy 4: Assure Quality and Evaluation	4.1.1 Maintain statewide data-driven performance improvement process.	OEMS, MDC	4.1.1.1. Utilize epidemiology trained OEMS staff to conduct risk adjusted data analysis of patients in cooperation with our stakeholders. 4.1.1.2. Develop an EMS performance improvement program.
	4.1.2 Maintain statewide pre-hospital and inter-hospital trauma triage plan.	OEMS, Trauma System Oversight & Management Committee, State EMS Medical Director, MDC	4.1.2.1. Maintain statewide trauma triage plan to support regional plan development and maintenance by regional trauma committees. 4.1.2.2. Supply state level data to assist with monitoring individual regional performance compared to state and national benchmarks.
	4.1.3 Maintain statewide pre-hospital and inter-hospital stroke triage plan.	OEMS, State Stroke Task Force, MDC	4.1.3.1. Actively participate on the Virginia Heart Attack Coalition and develop and maintain a Statewide Stroke Triage Plan. 4.1.3.2 If available, provide funds for the development of regional stroke triage plans to ensure implementation is performed based on local resources.
	4.1.4 Review and evaluate data collection and submission efforts.	OEMS, MDC	4.1.4.1. Develop standard reports within VPHIB that will allow individual EMS agencies to view the quality of data being submitted. 4.1.4.2. OEMS will provide quality “dashboards” where education can improve data quality and update validity rules within the application when education alone cannot correct poor data. 4.1.4.3. Provide quarterly compliance reports to the OEMS, Division of Regulation and Compliance and Executive Management.
	4.1.5 Review functional adequacy and design features of EMS vehicles utilized in Virginia and recommend changes to improve EMS provider safety, unit efficiency and quality of patient care.	OEMS, Rules & Regulations Committee, Transportation Committee	4.1.5.1. Evaluation of national/international documents and information related to vehicle and provider safety, with potential incorporation into EMS regulation and inspection procedure.
	4.1.6 Measure EMS system compliance utilizing national EMS for Children (EMSC) performance measures.	OEMS, EMSC Committee	4.1.6.1. Assist in assessing the pediatric emergency care readiness of Virginia Emergency Departments.

	Strategic Initiative 4.2 – Assess and enhance quality of education for EMS providers.		
	Objectives	***Accountability***	***Action Steps***
Core Strategy 4: Assure Quality and Evaluation	4.2.1 Update the certification process to assure certification examinations continue to be valid, psychometrically sound, and legally defensible.	OEMS, Training and Certification Committee	4.2.1.1. Review and revision of psychomotor examination by TCC as needed. 4.2.1.2. Review statistical data and make recommendations for the EC recertification exam.
	4.2.2 Assure adequate and appropriate education of EMS students.	OEMS, Training and Certification Committee , Atlantic EMS Council (AEMS)	4.2.2.1. Review state statistics for certification rates and assist in determining avenues to improve outcomes and implement new processes. 4.2.2.2. Improve instructor compliance with student registration process.
	4.2.3 Explore substitution of practical examination with successful completion of a recognized competency based training program conducted by accredited training sites and using computer based technology for written examinations.	OEMS, Training and Certification Committee	4.2.3.1. Explore possibility of administering a program summative practical exam in lieu of state practical exam.

	Strategic Initiative 4.3 – Pursue new initiatives that support EMS		
	Objectives	***Accountability***	***Action Steps***
Core Strategy 4: Assure Quality and Evaluation	4.3.1 Engage the EMS system in unintentional injury, illness, and violence prevention efforts.	OEMS, Health & Safety Committee, VDH – Div. of Injury and Violence Prevention	4.3.1.1. Participate in intentional and unintentional injury and illness prevention initiatives, and facilitate involvement for EMS agencies and providers.
	4.3.2 Develop, implement, and promote programs that emphasize safety, wellness, and the physical health of fire and EMS personnel.	OEMS, Health & Safety Committee, State EMS Medical Director	4.3.2.1. Maintain OEMS staff support of quarterly meetings of the Health and Safety Committee of the state EMS Advisory Board. 4.3.2.2. Maintain Health and Safety track at the VA EMS Symposium, and recommend topics and presenters. 4.3.2.3. Maintain Governor's EMS Award category for contribution to the EMS system related to the health and safety of EMS providers.

Appendix B – Sample Planning Matrix

	Strategic Initiative		
	Objectives	***Accountability***	***Action Steps***
Core Strategy			

Appendix C

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 (Continued)

Glossary of Commonly Used Acronyms

VDH	Virginia Department of Health
OEMS	Virginia Office of EMS
VDEM	Virginia Department of Emergency Management
OCP	Virginia Office of Commonwealth Preparedness
VSP	Virginia State Police
VDFP	Virginia Department of Fire Programs
AEMER	Alliance for Emergency Medical Education and Research
TSO&MC	Trauma System Oversight and Management Committee (Subcommittee of state EMS Advisory Board)
FARC	Financial Assistance Review Committee (Subcommittee of state EMS Advisory Board)
VAGEMSA	Virginia Association of Governmental EMS Administrators
PDC	Professional Development Committee (Subcommittee of state EMS Advisory Board)
MDC	Medical Direction Committee (Subcommittee of state EMS Advisory Board)
WDC	Workforce Development Committee (Subcommittee of state EMS Advisory Board)
VHHA	Virginia Hospital and Healthcare Association
OMHHE	Virginia Office of Minority Health and Health Equity
AHA	American Heart Association
VHAC	Virginia Heart Attack Coalition
DW	VDH Data Warehouse
CAH	Critical Access Hospital
VSTR	Virginia State Trauma Registry
VPHIB	Virginia Pre Hospital Information Bridge
COOP	Continuity Of Operations Plan
MCI	Mass Casualty Incident
HMERT	Health and Medical Emergency Response Team
NASEMSO	National Association of State EMS Officials
AMS	Air Medical Services
LZ	Landing Zone
RSAF	Rescue Squad Assistance Fund
DHS	Department of Homeland Security
FCC	Federal Communications Commission
AEMS	Atlantic EMS Council (PA, WV, NJ, DE, MD, VA, DC, NC, SC)

Appendix D

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: § 32.1-111.3. Statewide emergency medical care system. Requires a comprehensive, coordinated EMS system in the Commonwealth and identifies specific objectives that must be addressed.
- 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
- OEMS 5-Year Plan: July 1, 2010-June 30, 2013
- Service Area Strategic Plan State Office of Emergency Medical Services (601 402 04) which describes the statutory authority and expectations for OEMS and identifies the growing EMS needs of the citizens and visitors of Virginia.
- Service Area Strategic Plan Financial Assistance for Non Profit Emergency Medical Services Organizations and Localities (601 402 03) This service area includes Virginia Rescue Squads Assistance Fund grants program, Financial Assistance to Localities to support Non Profit Emergency Medical Service (EMS) agencies, and funding provided to support Virginia Association of Volunteer Rescue Squads (VAVRS).
- State Emergency Medical Services Systems: A Model: National Association of State EMS Officials – July 2008
- EMS at the Crossroads: Institute of Medicine - 2006
- 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 Document 37, Review of Emergency Medical Services in Virginia. 2004.
- EMS Advisory Board Committee Planning Templates – Developed May-August 2009
- Regional EMS Council Process Action Team (PAT) Retreat Report - November 2008.