

Virginia Department of Health
Office of Emergency Medical Services



Quarterly Report to the
State EMS Advisory Board

November 9, 2016

Executive Management, Administration & Finance

Office of Emergency Medical Services Report to The State EMS Advisory Board

November 9, 2016

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 9, 2016

Motion from the Training and Certification Committee:

To approve the new format and updates to the Training Program Administrative Manual (TPAM).

Motion from the Planning and Legislative Committee:

To approve the updated and revised three year (2017-2020) State EMS Plan as required by § 32.1-111.3. Code of Virginia.

b) NASEMSO Announces Resolutions Supporting CARES and FirstNet

Several Office of EMS (OEMS) employees were fortunate to attend the annual meeting of the National Association of State EMS Officials in Albuquerque, New Mexico in September. There were several important action items that took place at this meeting that OEMS believes needs to be shared with the EMS system in Virginia.

The National Association of State Emergency Medical Services Officials (NASEMSO) passed resolutions on two important issues:

- 1) supporting the data elements in CARES as the national standard prehospital data set for cardiac arrests, and

- 2) championing the First Responder Network Authority as the nationwide broadband network for EMS.

CARES – Supporting a National Standard Prehospital Data Set for Cardiac Arrest

The National Academy of Sciences, Institute of Medicine (IOM) previously recommended that a national cardiac arrest registry be established and directed the Centers for Disease Control and Prevention (CDC) to coordinate this cardiac arrest data collection. As a result, the CDC sponsored the development of the **Cardiac Arrest Registry to Enhance Survival (CARES)**, which has become a virtually unchallenged consensus cardiac arrest registry. CARES, which includes a standard set of data elements for cardiac arrest performance improvement, allows for the development of continuous quality improvement programs to measure and improve prehospital cardiac arrest care.

NASEMSO calls upon electronic patient care report vendors to incorporate the required and mandatory CARES prehospital data elements and export function as part of their basic standard prehospital electronic patient care reporting products to be activated at the choice of each state, and not as extra cost add-ons to basic standard products. Importantly, NASEMSO's resolution also calls upon CARES to assure that its dataset complies with the National Emergency Medical Services Information System (NEMSIS) Version 3 and any subsequent updates.

Resolution 2016-01 - **Support of the Cardiac Arrest Registry to Enhance Survival (CARES)** is printed on page XX of this report.

Support of the First Responder Network Authority (FirstNet)

NASEMSO has actively participated in the planning, development, and promotion of the broadband network dedicated to public safety, known as **FirstNet**. NASEMSO continues to help lead the FirstNet initiative, believing that the practice of EMS and its impact on patient care will be substantially improved and that EMS professionals will become the most prevalent FirstNet users.

EMS professionals are strongly urged to become aware of this opportunity and to prepare to integrate it into their systems of care. In addition, state governors will be asked to choose whether to allow FirstNet to build the radio access networks to link users and the nationwide network in their state or to engage in a likely longer process in which the state would build its own network. NASEMSO urgently calls upon EMS associations at the state and national levels to encourage governors to allow FirstNet to build radio access networks rather than proposing to build their own networks.

Resolution 2016-02 - **Calling for EMS Colleagues to Prepare for and Support FirstNet Implementation in States** is printed on page XX of this report

Resolution 2016-01 - Support of the Cardiac Arrest Registry to Enhance Survival (CARES)

Whereas the National Association of State Emergency Medical Service Officials (NASEMSO) recognizes that cardiac arrest is a significant public health threat to populations and that cardiac arrest data is a critical performance measure to improve survival;

Whereas the National Academy of Sciences, Institute of Medicine (IOM), in its recent report, *Strategies to Improve Cardiac Arrest Survival: A Time to Act*, recommended that a national cardiac arrest registry be established;

Whereas the IOM directed the Centers for Disease Control and Prevention (CDC) to coordinate this cardiac arrest data collection, and that *CARES*, a virtually unchallenged consensus cardiac arrest registry, was sponsored by the CDC, and that *CARES* currently includes a standard set of data elements for cardiac arrest performance improvement; and

Whereas the IOM report called for continuous quality improvement programs which would use data from the cardiac arrest registry to measure and improve prehospital cardiac arrest care.

Now therefore be it resolved that the National Association of State EMS Officials supports the cardiac arrest data set established in CARES as the national standard minimum data set for states to incorporate into their respective cardiac arrest data sets; and

Be it further resolved that NASEMSO calls upon electronic patient care report vendors to incorporate the required and mandatory CARES prehospital data elements and export function as part of their basic standard prehospital electronic patient care reporting products to be activated at the choice of each state, and not as extra cost add-ons to basic standard products; and

Be it further resolved that NASEMSO calls upon CARES to assure that its dataset complies with the NEMSIS Version 3 standard and subsequent updates.

Signed this 22nd day of September, 2016.

Resolution 2016-02 - Calling for EMS Colleagues to Prepare for and Support FirstNet Implementation in States

Whereas the National Association of State EMS Officials (NASEMSO) recognizes the importance of broadband communications as a foundation for the next generation of emergency medical services and fulfilling its roles in emergency response and in services to meet other needs in community, regional, and state health systems;

Whereas; NASEMSO supports the First Responder Network Authority (FirstNet) as the best method for bringing a reliable, secure, public safety grade, and responsive nationwide public safety broadband network to EMS;

Whereas NASEMSO has actively participated in the planning, development, and promotion of a broadband network dedicated to public safety from the beginning of the concept, helping to lead the efforts of such initiatives as the Public Safety Spectrum Trust and the Public Safety Alliance to February 12, 2012, when FirstNet was signed into law;

Whereas NASEMSO continues to help lead the FirstNet initiative through its staff and members, believing that the practice of EMS and its impact on patient care will be substantially improved and that the EMS professionals will become the most prevalent FirstNet users;

Whereas EMS professionals throughout the country need to become aware of this opportunity, need to prepare to integrate it into their systems of care; and

Whereas state governors will be asked to choose whether to allow FirstNet to build the radio access networks to link users and the nationwide network in their state or to engage in a longer process in which the state would build its own network.

Now therefore be it resolved that the National Association of State EMS Officials continues to strongly support the implementation of FirstNet and calls upon colleague EMS associations at the national and state levels to inform their members of the opportunities that FirstNet will provide; and

Be it further resolved that the National Association of State EMS Officials calls upon colleague EMS associations at the state and national levels to encourage governors to allow FirstNet to build radio access networks by not proposing to build their own networks.

Signed this 22ndth day of September, 2016.

c) NASEMSO Releases State Model Rules for Regulation of Air Medical Services

At its recent Fall Meeting, NASEMSO on September 21, 2016 announced the release of “State Model Rules for the Regulation of Air Medical Services” to assist states with regulatory language intended to avoid conflict with the Airlines Deregulation Act (ADA) and the possibility of Federal preemption. These model rules are intended to be applied in a manner that would confine their scope to matters solely related to medical care, and not construed in a way that could constitute regulation of aviation safety or economic matters.

NASEMSO is the lead national organization for emergency medical services (EMS) and a respected voice for national EMS policy. Air ambulances are *medical* resources that are used and integrated within EMS systems to provide patient care. In response to “Guidelines for the Use and Availability of Helicopter Emergency Medical Transport (HEMS)” published by the United States Department of Transportation in April 2015, NASEMSO sought to identify opportunities for state regulations that address outcomes related to:

- Quality of emergency medical care provided to patients
- Requirements related to the qualifications and training of air ambulance medical personnel
- Scope of practice and credentialing
- Maintenance of medical records, data collection, and reporting
- Medically related equipment standards
- Patient care environments
- EMS radio communications
- Medically related dispatch requirements
- Medical transport plans including transport to appropriate facilities
- Other medical licensing requirements

The Model Rules can be downloaded at: <https://www.nasemso.org/Projects/AirMedical/>.

d) NASEMSO Announces New Trauma Monograph at 2016 Fall Meeting

At its recent Fall Meeting, NASEMSO on September 21, 2016 announced the release of a new monograph, “Status of State Trauma System Planning and Development: Utilization of the HRSA Model Trauma System Planning and Evaluation Document,” at the NASEMSO 2016 Fall Meeting.

In this monograph, NASEMSO examined the general status of formal trauma system development in the states, and particularly the utilization of system development tools produced by the Health Resources and Services Administration (HRSA) and the National Highway Traffic Safety Administration (NHTSA.)

The assessment population consisted of trauma system managers or the state EMS director in May 2015. Of the potential pool of 50 states and six U.S. territories, 41 full or partial responses were collected for an overall return rate of 82 percent. To the extent it was possible, findings were compared to data collected in 2010.

Key data included:

- 82% of respondents indicated their state has enabling legislation or rules to designate trauma centers;
- 23% of respondents, only 16 percent of all states, have legislative authority to limit the number of trauma centers;
- 46% of respondents did not receive federal or outside funding for state trauma program administration;
- In spite of a 16% net loss in the Level I category, there has been a 27 percent increase in trauma centers overall since 2010.
- The largest increase in trauma center recognition is occurring at the level III (12%), IV (63%), and V (117%) levels.

The 2016 Trauma Monograph can be downloaded at:

<https://nasemso.org/Resources/Monographs/>.

e) First 911 Regional Authority in Virginia

The first 911 regional authority in Virginia is up and running in the New River Valley.

The joint 911 center includes Blacksburg, Christiansburg, Virginia Tech and Montgomery County.

The combined dispatch center has been in the works for nine years. With the construction of the new public safety building in downtown Christiansburg, that goal could finally become a reality.

Leaders said this will cut down on response times and help different police agencies communicate immediately. The center will have 36 full-time dispatchers. Leaders are hoping to implement a text 911 system in less than a year.

f) Dr. Jon Krohmer Named as Next Director of NHTSA's Office of Emergency Medical Services

The National Highway Traffic Safety Administration (NHTSA) is pleased to announce the appointment of Dr. Jon Krohmer as the Director of the Office of Emergency Medical Services (OEMS). Chosen from a field of more than 30 candidates, Dr. Krohmer comes to this position with a wealth of EMS experience and expertise and will lead NHTSA's collaborative efforts to improve emergency care across the nation.

Board certified as an emergency physician, Dr. Krohmer has been actively involved in EMS for over 30 years, first in his home state of Michigan, and then at the national level, as an active member of the American College of Emergency Physicians (ACEP) and president of the

National Association of EMS Physicians (NAEMSP). Dr. Krohmer's federal service began as the Deputy Assistant Secretary for Health Affairs and Deputy Chief Medical Officer for the Department of Homeland Security (DHS). He went on to become the Director of the Health Services Corps for Immigration and Customs Enforcement at DHS and for the past year has provided medical expertise to the U.S. Coast Guard.

"Jon Krohmer's extensive expertise in EMS and experience in federal service will be great assets to the NHTSA EMS program," said Jeff Michael, NHTSA Associate Administrator for Research and Program Development. "His collaborative and patient-centered approach is very important for the EMS Program, which depends on partnerships to achieve its goals. We're very excited to have Jon as part of our NHTSA family."

Dr. Krohmer's first day at NHTSA was on Tuesday, September 6th. You can learn more about NHTSA's Office of EMS and contact the office at www.ems.gov.

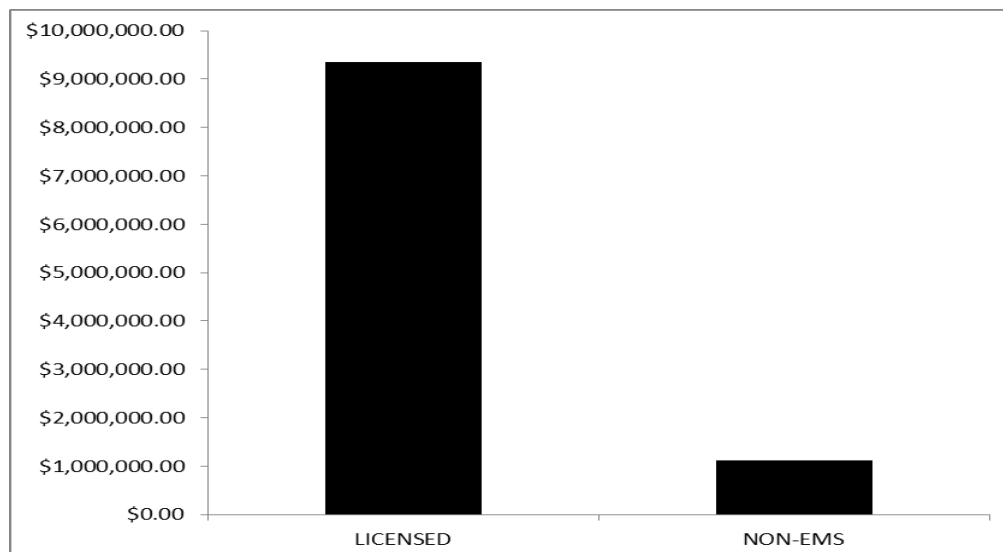
g) Financial Assistance for Emergency Medical Services (FAEMS) Grant Program, known as the Rescue Squad Assistance Fund (RSAF)

The RSAF grant deadline for the Fall grant cycle was September 15, 2016. OEMS received 119 grant applications requesting \$10,463,957.00 in funding.

Funding amounts are being requested in the following agency categories:

- 102 Licensed EMS Agencies requesting \$9,347,722.00
- 17 Non EMS Agency requesting \$1,116,235.00.00

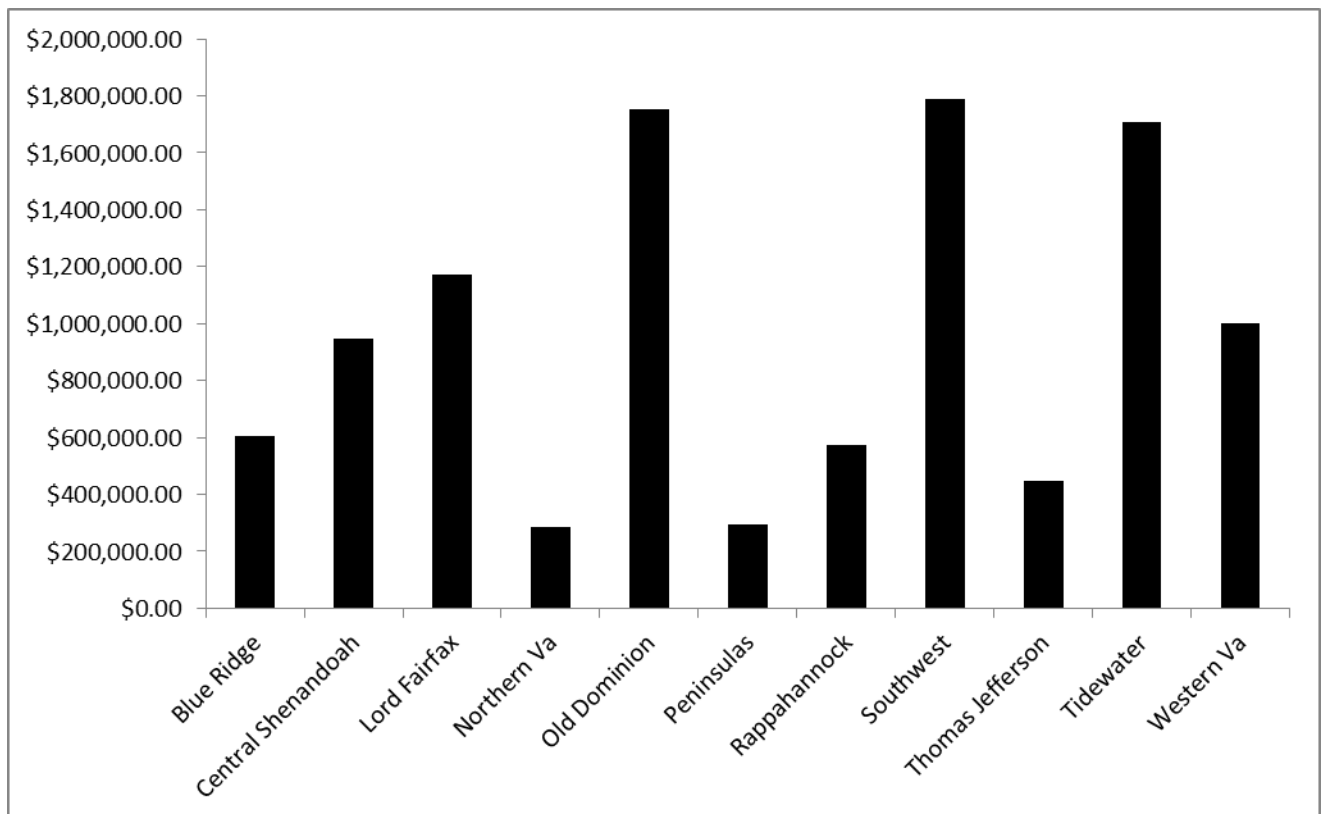
Figure 1: Agency Category by Amount Requested



Funding amounts are being requested in the following regional areas:

- Blue Ridge – Requesting funding of \$605,653.00
- Central Shenandoah – Requesting funding of \$949,035.00
- Lord Fairfax – Requesting funding of \$1,172,576.00
- Northern Virginia – Requesting funding of \$285,987.00
- Old Dominion – Requesting funding of \$1,755,236.00
- Peninsulas – Requesting funding of \$292,271.00
- Rappahannock – Requesting funding of \$572,689.00
- Southwestern Virginia – Requesting funding of \$1,788,596.00
- Thomas Jefferson – Requesting funding of \$448,293.00
- Tidewater – Requesting funding of \$1,707,278.00
- Western Virginia – Requesting funding of \$1,002,166.00

Figure 2: Regional Area by Amount Requested

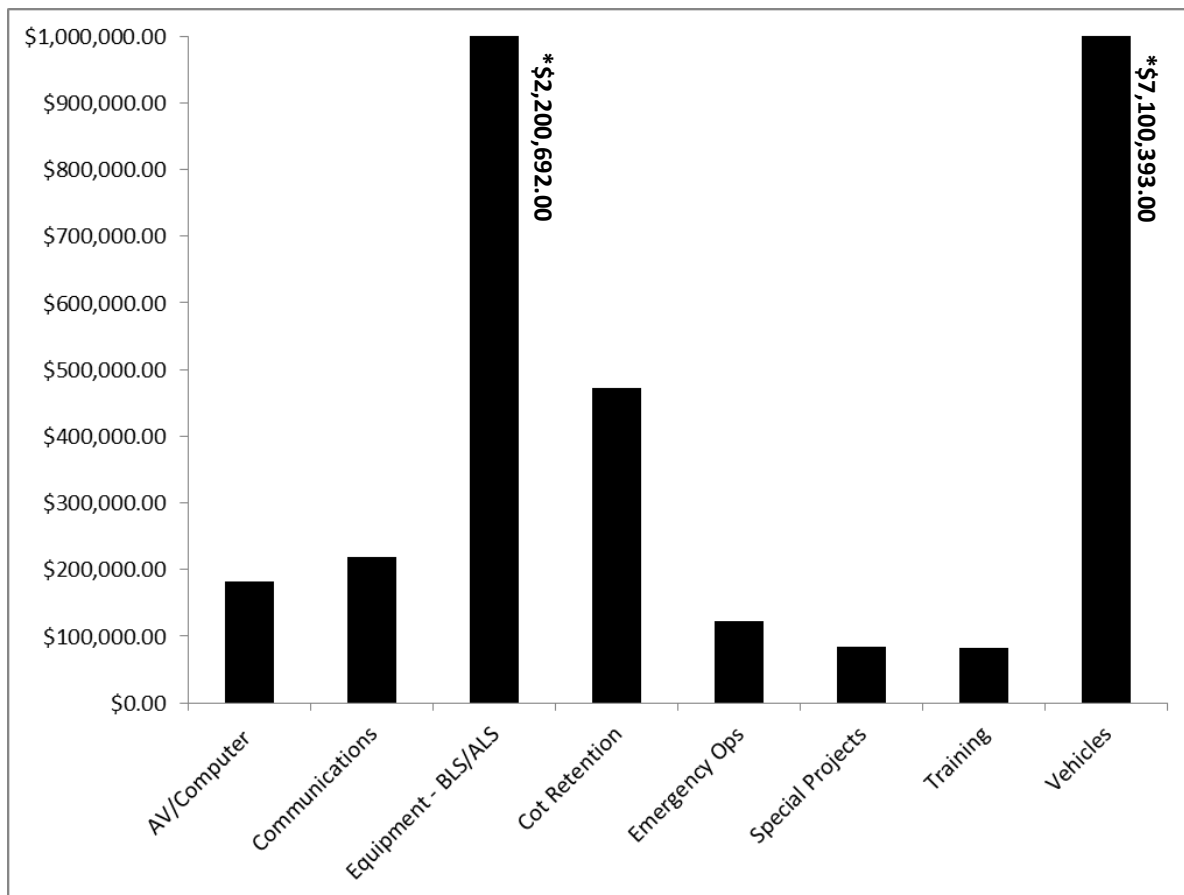


NOTE: There was \$63,973.00 requested by three non-affiliated agencies that are not displayed in Figure 2.

Funding amounts are being requested for the following items:

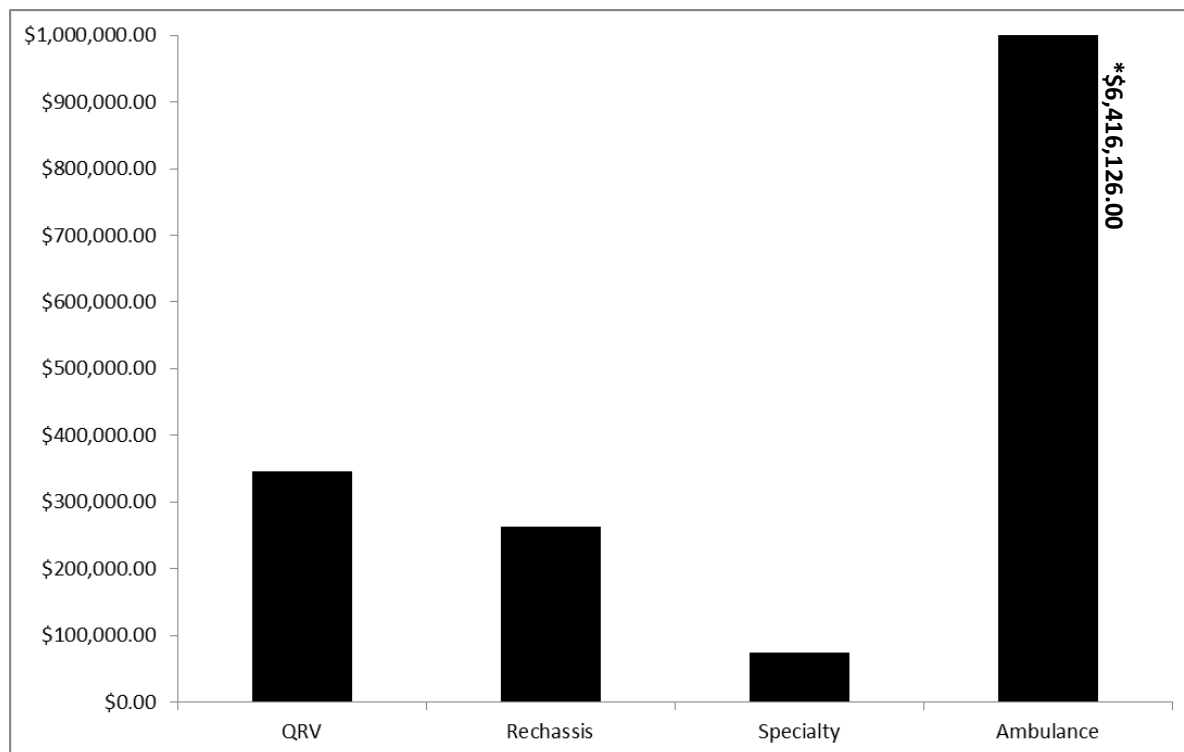
- Audio Visual/Computer Hardware - \$ 181,914.00
 - Includes projectors, computer hardware/software, toughbooks, and other audio visual equipment.
- Communications - \$ 218,588.00
 - Includes items for mobile/portable radios, pagers, towers, repeaters and other communications system technology.
- Cot Retention Systems - \$472,802.00
 - Includes all cot retention systems, cot conversion systems and equipment needed to install the systems, not including power cots.
- Emergency Operations - \$ 123,195.00
 - Includes items such as Mass Casualty Incident (MCI), extrication equipment, rescue boat and personal protection equipment (PPE). The Emergency Operations category also includes any other equipment or items needed in order to rapidly mobilize and dispatch help in emergency situations.
- Equipment - Basic and Advanced Life Support Equipment - \$2,200,692.00
 - Includes any medical care equipment for sustaining life, airway management, and supplies, including 12-Lead Defibrillators.
- Special Projects - \$ 83,572.00
 - Includes projects such as Special Project material, Emergency Medical Dispatch (EMD), Virginia Pre-Hospital Information Bridge (VPHIB) projects, Protocol Projects and other innovative programs.
- Training - \$ 82,801.00
 - 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 - \$7,100,393.00
 - This category includes all vehicles such as ambulances, re-chassis, re-mounts and quick response vehicles.

Figure 3: Item Requested by Amount Requested



***NOTE:** The graph only represents items requested up to \$1,00,000.00 to visually display other items requested. The following categories have higher request amounts which have been noted on the graph: EQUIPMENT-BLS/ALS and VEHICLES.

Figure 4: Vehicle Category by Amount Requested



***NOTE:** The VEHICLES category request amount was \$7,100,393.00, the graph only represents items requested up to \$1,000,000.00 to visually display other items requested.

The RSAF Awards Meeting will be held on December 2, 2016 and the Financial Assistance and Review Committee (FARC) will make recommendations to the Commissioner of Health. The grant awards will be announced on January 1, 2017. The next RSAF grant cycle will open on February 1, 2017 and the deadline will be March 15, 2017.

h) 12VAC5-31-2860, EMS System Initiative Awards Grant Program

On September 19, 2016 OEMS announced a grant opportunity for all non-profit licensed EMS agencies and other organizations operating on a non-profit basis exclusively for the benefit of the general public. This opportunity was introduced to aid localities in the cost for initial EMS certification classes due to changes in procurement. The prior contract process being used for the EMS Training Funds (EMSTF) program was no longer viable.

OEMS is in the process of redesigning this program, however agencies needed funding in the meantime, therefore the 12VAC5-31-2860, EMS System Initiative Awards Grant Program was initiated to provide a stop gap mechanism to assist programs caught in this transition. No funding was available until this special initiative program opportunity was announced. This was a no-match grant available to reimburse agencies for the enrollment costs for programs that start on or after July 1, 2016 and before December 31, 2016. The awarded recipients will receive

partial funding based on the number of students enrolled. The remainder of the awarded funds will be reimbursed at the conclusion of the course based on the number of students certified and affiliated with a Virginia licensed EMS agency.

The grant application period began on September 21, 2016 with all grant applications required to be submitted through the EMS Grant Information Funding Tool (E-GIFT) the online grant web based application system. OEMS conducted a webinar that outlined the program and provided guidance on the application process, sixty-seven agencies participated.

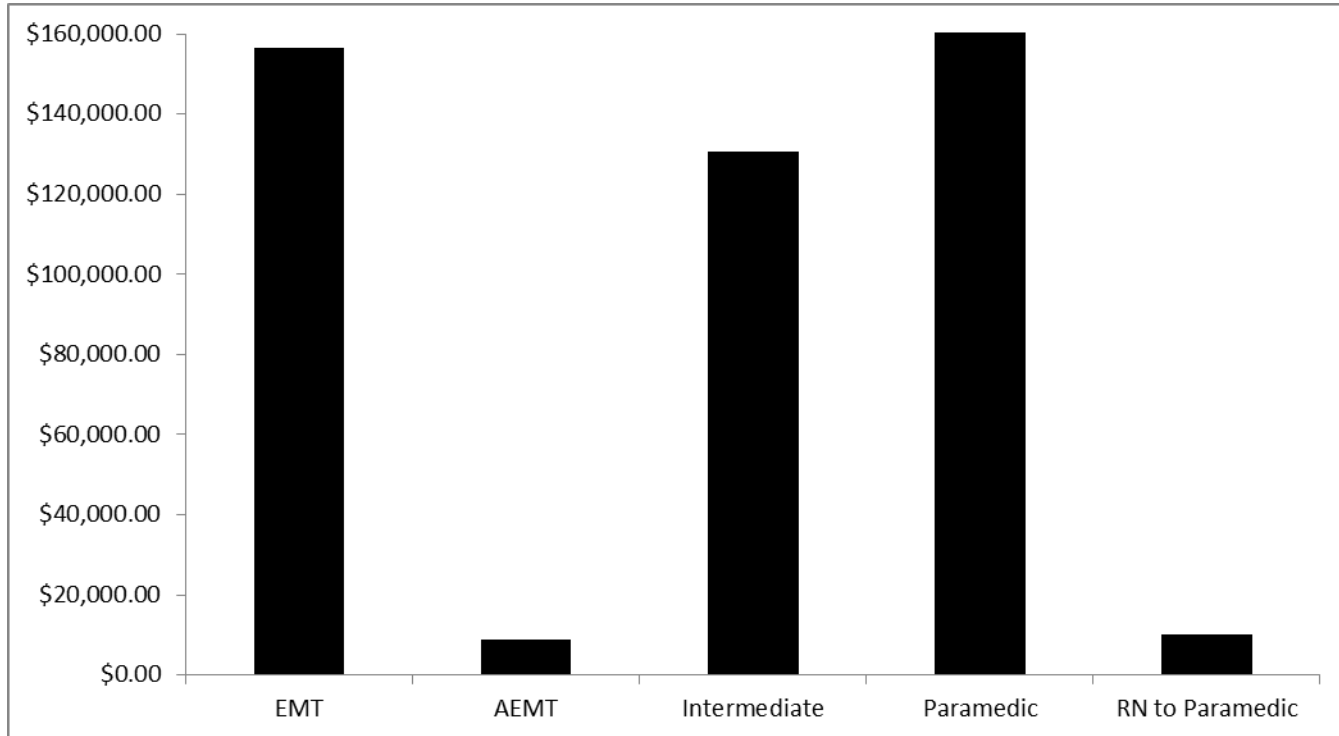
The grant deadline was October 5th, 2016 and the grants were awarded on October 17, 2016. This grant was a collaboration involving many divisions at OEMS including: Education Development, Executive Management, Grants, Administration and Fiscal. The divisions reviewed the submitted applications based on the following criteria:

- Accredited program or the education coordinator identified as the program coordinator must be at or above the 16th percentile
- Program allows all EMS providers access for continuing education (CE)
- Amount of fees charged
- Other sources being used to finance the class
- Instructors or co-instructors with an enforcement action within the last five years are not eligible
- Adequate equipment for class size

OEMS awarded 25 agencies funding in the amount of \$707,931.00 for 78 classes:

- 43 Emergency Medical Technician (EMT) classes - \$156,366.00
- 3 Advanced Emergency Medical Technician (AEMT) classes - \$8,925.00
- 12 Intermediate (I-99) classes - \$130,560.00
- 18 Paramedic classes - \$401,880.00
- 2 RN to Paramedic classes - \$10,200.00

Table 1



NOTE: The table represents funding up to \$160,000.00 to represent items on a larger scale. Funding for Paramedic classes received funding in the amount of \$401,880.00.

Payment for the initial course was processed based upon the number of students determined by the enrollment process through OEMS. The subsequent payment will be established upon receipt of the programs initial CSDR and as certifications for the programs students are verified the grantee shall request a single second half payment per initial certification course awarded within 180 days from course and date. This payment will be based on the number of students marked incomplete and pass. The students must have received Virginia certification for completing the course of instruction and be affiliated with a Virginia licensed agency at the time they become certified in order for the awardee to be eligible to receive payment.

The grantees must submit a Memorandum of Agreement (MOA) and proper documentation in order to receive their final reimbursement. A final report will be due within three months after the end of the final certification course.

Funding was based on the OEMS pricing structure for initial certification courses on a cost by program type and number of students:

<i>Program Type</i>	<i>Max Reimbursement</i>
Emergency Medical Responder	
12 or more students	\$ 1,836.00
7 - 11 students	\$ 1,224.00
1 - 6 students	\$ 765.00
Emergency Medical Technician	
12 or more students	\$ 4,284.00
7 - 11 students	\$ 2,856.00
1 - 6 students	\$ 1,785.00
Advanced EMT	
12 or more students	\$ 4,284.00
7 - 11 students	\$ 2,856.00
1 - 6 students	\$ 1,785.00
Intermediate	
12 or more students	\$ 12,240.00
7 - 11 students	\$ 8,160.00
1 - 6 students	\$ 5,100.00
Paramedic	
12 or more students	\$ 24,480.00
7 - 11 students	\$ 16,320.00
1 - 6 students	\$ 10,200.00
RN to Paramedic	
12 or more students	\$ 6,120.00
7 - 11 students	\$ 4,080.00
1 - 6 students	\$ 2,550.00

i) E.V.E.N.T. – EMS Voluntary Event Notification Tool



E.V.E.N.T. is a program of the Center for Leadership, Innovation, and Research in EMS (CLIR) with sponsorship provided by the North Central EMS Institute (NCEMSI), the National EMS

Management Association (NEMSMA), the Paramedic Chiefs of Canada (PCC), the National Association of Emergency Medical Technicians (NAEMT) and the National Association of State EMS Officials (NASEMSO).

E.V.E.N.T. is a tool designed to improve the safety, quality and consistent delivery of Emergency Medical Services (EMS). It collects data submitted anonymously by EMS Practitioners. The data collected is used to develop policies, procedures and training programs to improve the safe delivery of EMS. A similar system used by airline pilots has led to important airline system improvements based upon pilot reported "near miss" situations and errors.

Any individual who encounters or recognizes a situation in which an EMS safety event occurred, or could have occurred, is strongly encouraged to submit a report by completing the appropriate E.V.E.N.T. Notification Tool (Patient Safety Event, Practitioner Near Miss Event, EMS Provider Violence Event). The confidentiality and anonymity of this reporting tool is designed to encourage EMS practitioners to readily report EMS safety events without fear of repercussion.

The second and third quarter 2016 EVENT summary reports for patient safety and EMS provider violence have been posted on the EVENT website. To access these reports go to www.emseventreport.com and click on the type of report you wish to view. Links to these reports are located along the top banner, just below the E.V.E.N.T. logo. Then click on 2016 under the "Download Our Summary Reports" located on the left side of each reporting form page. There was insufficient data reported during Q2 and Q3 to generate a practitioner near miss summary report.

2Q2016 Patient Safety Summary Report:

<http://event.clirems.org/Portals/4/PSE%20Reports/2016/2Q2016%20EVENT%20PSE%20Summary.pdf?ver=2016-08-11-100904-797>

3Q2016 Patient Safety Summary Report:

<http://event.clirems.org/Portals/4/PSE%20Reports/2016/3Q2016%20EVENT%20PSE%20Summary.pdf?ver=2016-10-18-204744-817>

1Q2016 Practitioner Near Miss Summary Report:

<http://event.clirems.org/Portals/4/Near%20Miss%20Reports/2016/1Q2016%20EVENT%20NME%20Summary.pdf?ver=2016-04-22-083805-930>

2Q2016 EMS Provider Violence Summary Report:

<http://event.clirems.org/Portals/4/Violence%20Reports/2016/2Q2016%20EVENT%20PVE%20Summary.pdf?ver=2016-08-11-101648-907>

3Q2016 EMS Provider Violence Summary Report:

<http://event.clirems.org/Portals/4/PSE%20Reports/2016/3Q2016%20EVENT%20PVE%20Summary.pdf?ver=2016-10-18-221148-657>

Here are some highlights from the 3Q violence reports. They can be summarized as young and middle aged, white, male paramedics get beaten up in the ambulance by younger, white, male

patients that do not use deadly force but cause soft tissue injuries that sometimes require treatment. The police always respond but only one third of the time the assailant is arrested. Our highlighted report quote for 3Q is from report #1: "...While preparing to RSI the patient due to combativeness and the extent of his injury, the patient stated "if you intubate me I will kill you". How do these results compare to prior quarters? All of the summary reports are available for download on www.emseventreport.com.

Please take the time to anonymously report your own Patient Safety, Practitioner Near Miss, and EMS Practitioner Violence reports so that others can learn and we can reduce medical errors by knowing what trips us up and how we can stay clear of a bad situation.

If you know of an event that could be reported anonymously, please take a couple minutes to report a:

Patient safety event: <http://event.clirems.org/Patient-Safety-Event>

Practitioner near miss event: <http://event.clirems.org/Near-Miss-Event> or a

EMS Provider Violence Event: <http://event.clirems.org/Provider-Violence-Event> and encourage others to do so as well.

Educational Development

II. Educational Development

Committees

- A. **The Training and Certification Committee (TCC):** The Training and Certification Committee met on Wednesday, October 5, 2016. There is one action item for consideration (See **Appendix A**)

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

- B. **The Medical Direction Committee (MDC)** The Medical Direction Committee met on Thursday, October 6, 2016. There are no action items.

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

Advanced Life Support Program

- A. Virginia Intermediate-99 (I-99) students who have maintained their National Registry certification continue the transition process that allows them to gain certification at the Paramedic level after completion of a Virginia approved Paramedic program. The National Registry transition process will end in 2018/2019 when their last certification cycle with National Registry expires as referenced in B below.
- B. All National Registry I-99 certified providers must complete the transition process to Paramedic level by 2018/2019 or their certification level with National Registry will become Advanced EMT (AEMT). This will NOT affect their Virginia certification level which will remain Intermediate.
- C. ALS Coordinator re-endorsement requires an update every two years and the submission of a re-endorsement application. The application must be signed by an EMS Physician. Additionally it must contain the signature of the regional EMS council director if courses are to be offered in their region.
- D. All students enrolling in Paramedic programs that start after August 1, 2016 will be required to master the National Registry Paramedic portfolio of vital skills to qualify for the National Registry Paramedic (NRP) Certification examination. Testing requirements for Paramedic candidates will be changing as of January 1, 2017 with the implementation of the out-of-hospital scenario station.
- E. Continuing education requirement changes were implemented on July 11, 2016. All CE has been moved to the new categories and each provider's CE report has been

updated with new recertification requirements. Providers who gained recertification eligibility under the old CE process, will maintain that eligibility until recertified at which time they will be required to start meeting the new continuing education requirements. Providers expiring in July, August or September who did not previously have eligibility were granted an extension of certification until October 31, 2016. These providers have received a new certification card reflecting the new expiration date.

- F. Recertification with National Registry has been simplified. Information on the steps necessary to recertify will be posted on the Office of EMS webpage and distributed to all Education Coordinators and ALS Coordinators. Additionally, a list of the identified training officer for each agency is being provided by National Registry that will allow information to be distributed to them as well.

Basic Life Support Program

A. Education Coordinator (EC) Institute

1. The third and final EC Institute of 2016 was held in Fairfax County, September 10-14th. Thirteen (13) new EC's were certified.
2. The deadline to pass the EC Cognitive Exam is Sunday, November 16th in order to be eligible to attend the Winter Institute in January/February 2017
3. The next EC psychomotor exam is scheduled for December 3rd, 2016 in the Richmond Area.
4. EMS Providers interested in becoming an Education Coordinator please contact Mr. Greg Neiman, BLS Training Specialist by e-mail at Gregory.Neiman@vdh.virginia.gov
5. A schedule of the various deadlines and EC Institutes can be found on the OEMS website at:
http://www.vdh.virginia.gov/OEMS/Training/BLS_InstructorSchedule.htm

B. EMS Educator Updates:

1. For 2016, the Division of Educational Development will continue to provide in-person Educator Updates in the various EMS Council regions.
2. Updates were held in the No. VA EMS council region on Friday, September 9 and Saturday, September 10th; in Tidewater EMS council region on Saturday, September 24th in conjunction with the VAVRS Annual Conference and the South West VA EMS council region on Saturday October 15th.

The schedule of future updates can be found on the OEMS web at:
http://www.vdh.virginia.gov/OEMS/Training/EMS_InstructorSchedule.htm

EMS Training Funds

FY 15

	Commit \$	Payment \$	Balance \$
Emergency Ops	\$2,480.00	\$540.00	\$1,940.00
BLS Initial Course Funding	\$736,780.50	\$354,540.52	\$382,239.98
EMT Initial Course	\$4,284.00	\$0.00	\$4,284.00
BLS CE Course Funding	\$59,300.00	\$32,663.80	\$26,636.20
Category 1 CE Course	\$1,680.00	\$0.00	\$1,680.00
ALS CE Course Funding	\$146,335.00	\$66,263.75	\$80,071.25
BLS Auxiliary Program	\$90,625.00	\$17,960.00	\$72,665.00
ALS Auxiliary Program	\$552,376.00	\$141,720.00	\$410,656.00
ALS Initial Course Funding	\$1,009,204.00	\$591,193.05	\$418,010.95
	\$0.00	\$2,982.00	(\$2,982.00)
Totals	\$2,603,064.50	\$1,207,863.12	\$1,395,201.38

FY 16

	Commit \$	Payment \$	Balance \$
BLS Initial Course Funding	\$664,632.00	\$341,129.54	\$323,502.46
Category 1 CE Course	\$143,555.00	\$73,858.75	\$69,696.25
Auxiliary Programs	\$473,600.00	\$159,095.00	\$314,505.00
ALS Initial Course Funding	\$1,067,940.00	\$624,478.42	\$443,461.58
Totals	\$2,349,727.00	\$1,198,561.71	\$1,151,165.29

FY 17

A special grant initiative for funding of Initial Programs that start on or between July 1, 2016 and December 31, 2016 was announced with a grant request period of 09/21/2016 through 10/05/2016.

This special initiative was to address any initial certification program with a start date between 07/01/16 and 12/31/16, the period of time for which funds were not available due to the restructuring of the funding program. It was available to any non-profit licensed EMS agencies or other EMS organization operating on a nonprofit basis exclusively for the benefit of the general public.

Funding availability for remainder of Fiscal Year 2017 is in development with the goal to have funds available for certification programs with a start date between 01/01/17 through 06/30/17.

EMS Education Program Accreditation

A. EMS accreditation program.

1. Emergency Medical Technician (EMT)
 - a) Chesterfield Fire/EMS has been granted full state accreditation.
2. Advanced Emergency Medical Technician (AEMT)
 - a) Frederick County Fire and Rescue has been granted full state accreditation.
3. Intermediate – Reaccreditation
 - a) Norfolk Fire EMS has been granted full re-accreditation.
4. Intermediate – Initial
 - a) No new accreditation packets have been received.
5. Paramedic – Initial
 - a) John Tyler Community College has been granted a Letter of Review from CoAEMSP.
 - b) Rappahannock Community College has their CoAEMSP initial accreditation visit scheduled for November 15 & 16, 2016.
 - c) ECPI has been granted a Letter of Review from CoAEMSP.
6. Paramedic – Reaccreditation
 - a) Southside Virginia Community College had their 5 year CoAEMSP reaccreditation visit on October 6 & 7. Report will be forwarded upon completion.
 - b) Tidewater Community College has their CoAEMSP re-accreditation visit scheduled for December 15 & 16.

B. For more detailed information on accredited EMS education programs, please view the Accredited Site Directory found on the OEMS web site at:

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

C. All 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).

National Registry

The NREMT will be increasing the initial certification fees effective January 1, 2017. The NREMT Board of Directors approved the fee increase effective 2017 following a ten-year price freeze (2007 -2017). The 2017 fee increase reflects the renewed relationship between the NREMT and Pearson VUE and the costs to maintain a coordinated national and state EMS certification database for states that have adopted Recognition of EMS Licensure Interstate Compact (REPILCA).

NREMT Initial Certification Fees effective January 1, 2017

NREMT Level	Current Fees	Fees Effective 1/1/17	Change
EMR	\$65	\$75	\$10
EMT	\$70	\$80	\$10
AEMT	\$100	\$115	\$15
Intermediate/99	\$100	\$125	\$25
Paramedic	\$110	\$125	\$15

On Line EMS Continuing Education

Distributive Continuing Education

EMSAT programs are available FREE on the Internet. Certified Virginia EMS providers can receive free EMSAT continuing education courses on their home or station PCs. There are 60-70 category one EMSAT programs available on TargetSolutions/CentreLearn 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

November 16 Capnography and Pulse Ox
Cat. 1 ALS Area 16, Cat. 1 BLS Area 11
Batallion Chief Will Aiken, Henrico County Fire Department

December 21 Stroke Update, What's on the Horizon?
Cat. 1 ALS Area 17, Cat. 1 BLS Area 12
Stacey Epps, M.D., Bon Secours Neuroscience Institute

Consolidated Test Sites (CTS)

- A. 46- CTS, 1- EMT accredited course and 7 ALS psychomotor test sites were conducted from July 12, 2016 through October 19, 2016.
- B. The vacant OEMS Test Examiner position in Northern Virginia is in recruit. Additional open positions in the Western/Southwestern and ODEMSA regions will be advertised after the Northern Virginia positions are filled. Hiring for these positions has been suspended due to a hiring freeze.
- C. The updated Psychomotor Examination Guide (PEG) was released on July 1, 2016. The PEG and a document highlighting the changes are available on the OEMS webpage <http://166.67.66.226/OEMS/Training/CTS/CTSAdministration.htm>
- D. Current Psychomotor Examination scenarios are being reviewed for revision.
- E. The Office plans to schedule a webinar to standardize expectations for the National Registry of EMTs Paramedic psychomotor examination process that is changing January 2017. The webinar will include all accredited paramedic programs, National Registry test representatives, and the National Registry will be requested to introduce the new initiative.
- F. OEMS is investigating an initiative to provide materials and supplies for a standardized first-in-bag and equipment for the new scenario based paramedic examination based on National Registry recommendations.

Other Activities

- Debbie Akers continues to participate in the NASEMSO webinars Community Paramedicine Insights Forum.
- Debbie Akers is serving as the staff liaison to a Mobile Integrated Healthcare workgroup. The workgroup has representation from the following: Fire based EMS, EMS OMD, ED Physician, EMS Administrator, EMS Provider, Regional EMS Councils, Hospital Accountable Care Organizations, Pediatrics, Commercial EMS, VDH Licensure, Primary Care Physician, VHHA, DMAS, VA Association for Home Care and Hospice and the VA Association for Hospices and Palliative Care. The workgroup is being chaired by Dr. Allen Yee.

- Warren Short continues participating with the NASEMSO's Education and Professional Standards Committee's (EPSC) monthly conference calls.
- Warren Short attended the NASEMSO conference in Albuquerque, NM in September. During the EPSC meetings, he facilitated a discussion on ethics and professionalism in EMS.
- Greg Neiman continues to participate on the Autism Public Safety Workgroup working toward improving EMS and Fire interface when responding to a patient with autism.
- Greg Neiman represented OEMS at the annual Emergency Medicine Today Conference sponsored by the North Carolina Office of EMS in Greensboro, NC October 2-4, 2016. He answered questions regarding reciprocity/legal recognition, initial certification, continuing education and recruited attendees to attend the Virginia EMS Symposium. He also attended the NC Educators Group meeting.

Emergency Operations

III. Emergency Operations

Operations

- **Status of Triage in Virginia**

On August 4, 2016, the Emergency Operations Manager attended a meeting of the Federal Interagency Committee on EMS (FICEMS) in Washington, DC. An update on the status of transition to a national standard of SALT was provided. During the public comment period of the meeting Ms. Owens spoke of the concerns held by the Office of EMS and the Emergency management Committee regarding the SALT and MUCC system and the issues faced in the transition process.

- **Virginia-1 DMAT**

Frank Cheatham, HMERT Coordinator, continues to attend Va-1 DMAT meetings as a representative of the Office of EMS. He continues to coordinate facilities for meetings and training in the Richmond area.

- **Statewide Interoperability Executive Committee (SIEC)**

On August 8, 2016, Karen Owens, Emergency Operations Manager, attended the first meeting of the Statewide Interoperability Executive Committee as the Virginia Office of EMS representative. The committee discussed the desired focus of the group as well as the needs of public safety agencies as it relates to FirstNet and other communications issues. Additionally, Ken Crumpler represented the Office of EMS at the SIEC meeting held in conjunction with the APCO/NENA/SIEC Fall conference on October 25, 2016.

- **VDH Virginia Emergency Support Team (VEST)**

During October members of the OEMS VEST staff provided availability and prepared for the potential deployment in support of Virginia's response to Hurricane Matthew. Along with preparing for EOC staffing, Emergency Operations staff worked with agencies to coordinate response availability and assisted in providing logistical support to members of Virginia-1 DMAT as they deployed in response to Hurricane Matthew.

- **Vice Presidential Debate**

During this quarter, Karen Owens, Emergency Operations Manager, continued to participate in planning and preparedness activities associated with the 2016 Vice Presidential Debate at Longwood University. Along with attending meetings and participating in conference calls,

members of Emergency Operations collected data on available resources if from HMERT assets that could deploy if needed.

- **Active Shooter**

In the continued efforts to help EMS agencies better prepare for response to active shooter/hostile environment incidents, members of the Division of Emergency Operations attended the Virginia Firefighters Conference on August 19, 2016 and participated in a presentation regarding response to active shooters, lessons learned, and policies and procedure discussions. Karen Owens, Emergency Operations Manager, and Frank Cheatham, HMERT Coordinator, presented on grant opportunities and considerations as it relates to medical policies and procedures. Additionally, on October 6, 2016, Karen Owens participated in a meeting with leadership from Virginia State Police, Virginia Department of Fire Programs, and the Virginia Department of Emergency Management to discuss coordinated efforts in the planning and response process of public safety agencies to active shooter/hostile environment events.

- **Mission Ready Packages**

On August 3, 2016 Karen Owens, Emergency Operations Manager, participated in an exercise regarding mission ready packages with other members of the Virginia Department of Health and the Department of Emergency Management. The exercise, which focused on radiological health assistance, followed the process of utilizing mission ready packages to support requests from other states.

- **Continuity of Business**

Winnie Pennington, Emergency Planner, developed, coordinated, and conducted a Continuity of Business exercise during this quarter. The exercise, designed to test the ability of OEMS staff to continue to provide support to EMS agencies and providers even when there is disruption in services within the office. This year's exercise focused on the impact of a loss of network connectivity and allowed staff to determine their specific needs in order to continue to provide services with little interruption.

Committees/Meetings

- **EMS Communications Committee**

The EMS Communications Committee met August 5, 2016. As part of the Agenda items included the Va. Chapter of APCO Professional Communications Human Resources Committee (Pro-CHRT) promotion of emergency medical dispatch, input with the Va. Chapters of APCO and NENA regarding updating training standards for emergency telecommunicators/dispatchers through the Va. Dept. of Criminal Justice Services (DCJS), updating Commonwealth of Virginia EMS regulations at the request of the Virginia EMS Advisory Board Rules and Regulations committee to simplify the language in the sections dealing with communications, requiring all radio equipment purchased with Rescue Squad Assistance Fund (RSAF) grant monies be required to be programmed with designated interoperability frequencies as described in the National Interoperability Field Operations Guide (NIFOG).

- **Provider Health and Safety Committee**

The Provider Health and Safety Committee conducted a meeting on August 5, 2016. The committee discussed how to proceed with the development of an EMS safety officer course and new topics for the monthly Provider Health and Safety Bulletins.

- **Emergency Management Committee**

Karen Owens, Emergency Operations Manager, Connie Green, Emergency Operations Assistant Manager, and Winnie Pennington, Emergency Operations Planner, attended the Emergency Management Committee meeting on May 5, 2016. The committee discussed the SALT/MUCC training for EMS providers and triage methodologies.

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

Frank Cheatham, HMERT Coordinator, continues to attend NASEMSO HITS Committee conference calls and serves on a committee on various aspects of Vehicle Rescue focusing on electric and hybrid vehicles. The Committee was updated on a new grant that NFPA received that will result in some training on Alternative Fuel Vehicles. Mr. Cheatham has participated in conference calls in regards to the new training for Alternative Fueled Vehicles.

- **Strategic Highway Safety Plan (SHSP)**

Frank Cheatham, HMERT Coordinator, serves on the SHSP Steering Committee and has participated in several conference calls working on the update for the SHSP plan. He hosted the meeting in June here at OEMS. He has been assigned to a workgroup within the Steering Committee. The focus of the meetings is development of updates for the 5 year plan. This group continues to meet to get the update ready to roll out.

Work has continued on the update to the plan with final additions to the Draft Plan. Additionally planning continued for stakeholder meetings around the state, with EMS as one component. Meetings will be held in November and December across the Commonwealth.

- **Transportation Stakeholders Meeting**

Frank Cheatham represented the Virginia Office of EMS at a meeting of all Transportation Stakeholders at DMV on October 28, 2016.

- **Traffic Incident Management Committees**

Frank Cheatham, HMERT Coordinator, attended the Training Oversight Committee of the Statewide TIM Committee to review the training progress and how the program can be improved. Mr. Cheatham also attends the Richmond Metro TIM group meetings as well as serving on the Executive TIM Group for the Richmond TIM Committee.

- **Hurricane Evacuation Workgroup**

Frank Cheatham continues to be involved in the Hurricane Evacuation Workgroup.

- **Behavioral Health Response Workgroup**

Karen Owens, Emergency Operations Manager, attended the Peninsulas EMS Council Behavioral Health Response Workgroup meeting on September 14, 2016. The focus of the meeting was on helping EMS providers understand the resources available during response to behavioral health emergencies.

- **Community Risk Reduction**

On September 15, 2016, Karen Owens, Emergency Operations Manager, attended a Community Risk Reduction meeting hosted by the Virginia Department of Fire Programs. The attendees discussed actions that can be taken to support reduction of fire related deaths in the Commonwealth and discussed strategies for education of community members.

Training

- **Water and Emergency Services Sector Coordinator's Workshop**

Winnie Pennington, Emergency Planner, represented the Office of EMS at the Water and Emergency Services Sector Coordinator's Workshop on August 16, 2016.

- **Traffic Incident Management (TIM) Training**

Frank Cheatham, HMERT Coordinator, continues to work with the TIM program. He continues to ensure TIM courses offered across the Commonwealth are posted on the OEMS website. In conjunction with the Training Division the Continuing Education credit goes from a Cat 2 to a Cat 1.

- **OEMS VEST Training**

Winnie Pennington, Emergency Planner, assisted in teaching Virginia Emergency Support Team training throughout the quarter. The training, focused on ESF-8 staff, provided updates in the functions of staff in the EOC and was attended by all Office of EMS VEST staff members.

- **Rider Alert**

Ken Crumpler, Communications Coordinator, represented the Rider Alert program on September 3, 2016 at the "Bill City Rumble" in Durham, North Carolina. This is an annual vintage motorcycle show and rally. Rider Alert cards and decals were provided to all attendees and Mr. Crumpler made a brief presentation on Rider Alert prior to the awards ceremony.

Communications

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

Ken Crumpler, Communications Coordinator, presented a PSAP accreditation certificate to the Clarke County Sheriff's Office on September 11, 2016.

- **APCO/NENA**

Communications Coordinator, Ken Crumpler, attended the APCO/NENA/SIEC Conference in Roanoke, October 26-28, 2016. As a part of his participation in the conference Mr. Crumpler presented the Traffic Incident Management for Dispatchers.

Critical Incident Stress Management (CISM)

- **CISM Regional Council Reports**

During this reporting quarter Regional Council CISM teams reported 19 events, including education sessions, training classes, meetings, and debriefings (both group and one-on-one).

Planning and Regional Coordination

IV. Planning and Regional Coordination

Regional EMS Councils

Regional EMS Councils

The Regional EMS Councils have submitted their First Quarter (Q1) contract reports throughout the month of October, and these reports are under review. OEMS has transitioned from a Lotus Notes application to a web based reporting application for the Regional EMS Councils to submit quarterly deliverables.

Regional EMS Council Designation

Section 32.1-111.11 of the *Code of Virginia* states that “The Board shall designate regional emergency medical services councils which shall be authorized to receive and disburse public funds. Each council shall be charged with the development and implementation of an efficient and effective regional emergency medical services delivery system. The Board shall review those agencies that were the designated regional emergency medical services councils. The Board shall, in accordance with the standards established in its regulations, review and may renew or deny applications for such designations every three years. In its discretion, the Board may establish conditions for renewal of such designations or may solicit applications for designation as a regional emergency medical services council.”

In accordance with the Code section above, as well as 12 VAC 5-31-2340 (Section N) of the Virginia Emergency Medical Services Regulations governing Regional EMS Councils, the Virginia Office of EMS (OEMS) is providing the Board of Health with information and recommendations for entities who have applied for re-designation as a Regional EMS Council in Virginia.

Applications for designation as Regional EMS Councils were received by OEMS in October of 2015. Upon verification of completion of those applications, OEMS forwarded those applications on to Regional EMS Council designation site reviewers, to provide an objective evaluation of the information supplied by the applicant in the submitted materials, as well as conduct a review of the physical location of the applicant, and conduct interviews of the applicant organization’s staff, officers, and other system stakeholders.

Site reviews of all applicant entities were conducted between February 19 and July 12, 2016.

The state EMS Advisory Board approved the recommendations as presented at the August 5, 2016 meeting.

OEMS notified representatives of all eleven Regional EMS Councils on August 9, 2016 that due to the anticipated discussion by the Virginia Board of Health at their September 15, 2016 meeting related to adoption of the abortion regulations, the action to re-designate Regional EMS Councils would NOT be on the agenda for that September 15 meeting. This action will be placed on the agenda for the December 1, 2016 Board of Health meeting.

The designation term is three years, and will begin following the approval by the Board of Health.

Medevac Program

The Medevac Committee is scheduled to meet on November 9, 2016. The minutes of the July 25, 2016 meeting are available on the OEMS website linked below:

<http://www.vdh.virginia.gov/OEMS/AdvisoryBoard/Committees/Medevac.htm>

During the July meeting, the committee reviewed both the State EMS Plan, as well as the *Virginia EMS Regulations*.

The Medevac Helicopter EMS application (formerly known as WeatherSafe) continues to grow in the amount of data submitted. In terms of weather turndowns, there were 518 entries into the Helicopter EMS system in the third quarter (Q3) of the 2016 calendar year. 62% of those entries (326 entries) were for interfacility transports, which is consistent with information from previous quarters. The total number of turndowns is a decrease from 580 entries in the third quarter (Q3) of 2015. For the year to date, there were 1,543 entries into the system. 64% of those entries (992 entries) were for interfacility transports, which is a decrease from 1,652 entries (1094 interfacility) for the year to date in 2015. This data continues to show medevac services are dedicated to using the program as a resource to maintain the safety of medevac personnel and equipment.

The Virginia State Medevac Committee continues work on an evaluation to determine whether or not there is an opportunity for the ST Segment Elevation Myocardial Infarction (STEMI) scene patient to have been transported by air to a specialty facility from the initial scene, versus being transported to/treated at a rural hospital first, then transported by air to a specialty facility for interventional treatment.

The aim of this retrospective chart review of ground and air transported STEMI patients in 2015 and 2016 are to:

- Determine if there is a greater opportunity to air transport the STEMI patient from the scene to a percutaneous coronary intervention (PCI) center.
- Determine if air transport of the STEMI patient directly from the scene to a PCI center impacts the patient's length of stay.

Anita Perry presented STEMI study information to the Virginia Heart Attack Coalition (VHAC) meeting in Williamsburg, VA in May.

The Committee is also evaluating the increased use of unmanned aircraft (drones), and their increased presence in the airspace of Virginia. A workgroup has been formed to raise awareness among landing zone (LZ) commanders and helipad security personnel.

The drone workgroup has developed a safety flyer that is included in the registration packet for all attendees of the 2016 Virginia EMS Symposium, and will be incorporating #LANDTHEDRONE signage to be posted to social media throughout Symposium.

The EMS Systems Planner also participates on the NASEMSO Air Medical Committee, and attended the ODEMSA Air Medical Committee meeting during the third quarter.

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 on June 5, 2014.

As has been done in the past, the committees of the state EMS Advisory Board, as well as OEMS staff, and Regional EMS Council staff, were tasked with evaluating the current Plan, and proposing additions and/or deletions, as well conducting a SWOT analysis, as it pertains to their particular subject area. This information, as well as information received during the public comment period that took place from August 22-September 23, 2016, was reviewed during a special called planning session meeting of the Legislative and Planning Committee on September 29, 2016.

The final draft of the State EMS Plan is being presented as an action item to the state EMS Advisory Board for approval, and is included as **Appendix B**. Upon approval by the state EMS Advisory Board, the Board of Health will be requested to adopt the Plan at their March 16, 2017 meeting.

The current version (2013 – 2016) of the State EMS Plan is available for download via the OEMS website at the link below: <http://www.vdh.virginia.gov/OEMS/EMSPlan/index.htm>.

Public Information and Education

V. Public Information and Education

Public Relations

Promotions

EMS Bulletin

PR coordinator completed the summer edition of the EMS Bulletin, August 15, 2016. Posted it online and shared it through social media and listserv email. It was one of the top five most downloaded items on the OEMS website for the month of August. The Symposium Catalog was the number one downloaded document June – September.

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 July – September are as follows:

- **July** – Swim safety tips, extreme heat safety tips infographics, extreme heat tips, Zika prevention, text-to-911, EMS safety bulletin (safety in the first five minutes) and American Diabetes Association ambulance in Hampton Roads.
- **August** – Tax-free holiday for emergency supplies, Virginia EMS Symposium registration, Guns n' Hoses charity softball event, EMS Bulletin – summer edition, Tidewater EMS Council's Taking Care of Our Own CISM conference, CISM training course, State EMS Plan public comment period, tactical medic and active shooter info and Spirit of Norfolk event staff development exercise reminder.
- **September** – Holiday office closures, Virginia EMS Symposium registration, Rider Alert, National Preparedness Month, September 11 remembrance, staff development exercise reminder, RSAF grant deadline, RSAF no match grant funding opportunity, EMS Safety Bulletin (hurricane preparedness), heavy truck rescue training, Joint Public Safety Response to Active Shooter training course, one week reminder for symposium registration and OEMS portal closure due to maintenance.

Via GovDelivery E-mail Listserv (July - September)

- 8/16/2016 - EMS Bulletin - Summer 2016 Edition
- 9/02/2016 - Virginia EMS Symposium Special Event Announcement
- 9/22/2106 - Virginia EMS Symposium Registration Closing Soon!

Customer Service Feedback Form (Ongoing)

- PR assistant provides monthly reports to EMS management regarding OEMS Customer Service Feedback Form.

- PR assistant also provides biweekly attention notices (when necessary) to director and assistant director concerning responses that may require immediate attention.

Public Outreach and Training:

- July 21 and July 26 - Participated in the VDH Virginia Emergency response Team Training session at the Emergency Operations Center.
- Sept. 12 - Participated in an OEMS staff development exercise for the COOP Plan.
- Sept. 28 – Participated in VDH FOIA training.
- July – Sept. - Attended weekly meetings through polycom for the VDH Communications group. This team was comprised of a representative from each district, regional PIOs and the communications staff in every VDH office. This team had been devised to be a working committee that met several times over the last five months. The large group was divided into subcommittees to work on the VDH agency communications and marketing plan, as well as standards, policies and procedures. The PR coordinator served on the website committee and the public relations assistant served on the branding committee, and provided feedback to help create implementation plans.

<h3>Social Media and Website Statistics</h3>

As of October 24, 2016, the OEMS Facebook page had 4,887 likes, which is an increase of 102 new likes since July 20, 2016. As of October 24, 2016, the OEMS Twitter page had 3,892 followers, which is an increase of 109 followers since July 20, 2016.

Figure 1: This graph shows the total organic reach* of users who saw content from the OEMS Facebook page, July – September. Each point represents the total reach of organic users in the 7-day period ending with that day. **Our most popular Facebook post received 3, 860 total organic reach.**

**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 counted as part of organic reach.*

Facebook reach activity July 1 - September 30, 2016

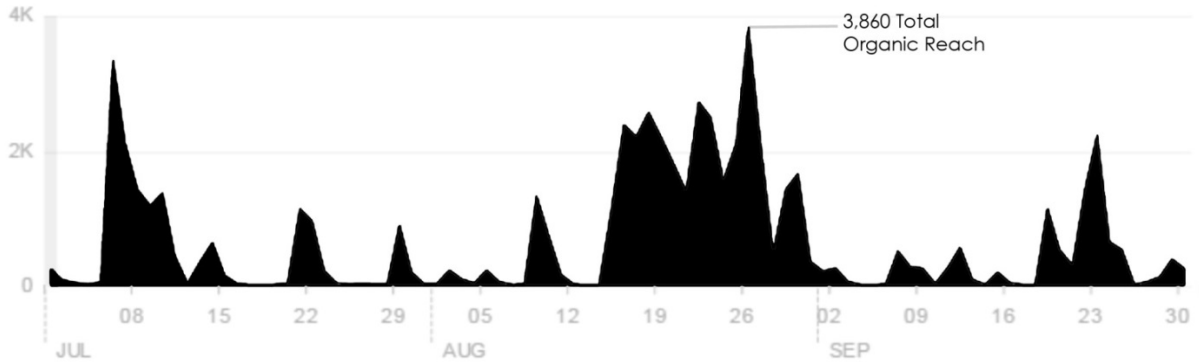


Figure 2: This graph shows the total organic impressions* over a 91-day period on the OEMS Twitter page, July - September. **During this 91-day period our tweets earned a total of 39.0k impressions and 429 impressions per day. The most popular tweet received 1,138 organic impressions.**

**Impressions are defined as the number of times a user saw a tweet on Twitter. Organic impressions refer to impressions that are not promoted through paid advertising.*

Tweet activity July 1 - September 30, 2016

Your Tweets earned **39.0K impressions** over this **91 day** period

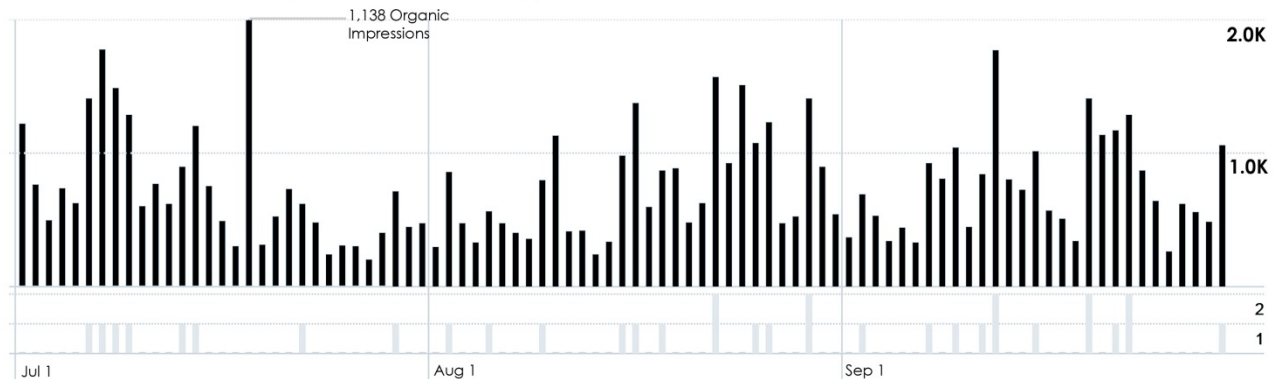


Figure 3: This table represents the top five downloaded items on the OEMS website from June - September. *Since Web Trend data for the month of June was unavailable for the last report, it is included below.*

June	<ol style="list-style-type: none"> 1. 2016 Symposium Catalog (28,026) 2. 2010 Symposium Presentation/LMGT-732 (15,308) 3. Instructor Institute-Conducting CE Programs (4,316) 4. 2010 Symposium Presentation/CAR-205 (3,675) 5. Instructor Institute- MON Course Administration (3,317)
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July	<ol style="list-style-type: none"> 1. 2016 Symposium Catalog (76,987) 2. 2010 Symposium Presentation/LMGT-732 (12,045) 3. 2014 Symposium Presentation/CAR-505 (5,056) 4. 2012 Symposium Presentation/OPE-4006 (4,977) 5. 2012 Symposium Presentation/OPE-4022 (3,724)
August	<ol style="list-style-type: none"> 1. 2016 Symposium Catalog (35,231) 2. 2010 Symposium Presentation/LMGT-732 (11,375) 3. EMS Bulletin – Summer 2016 (8,783) 4. 2012 Symposium Presentation/OPE-4006 (6,546) 5. 2012 Symposium Presentation/OPE-4022 (5,021)
September	<ol style="list-style-type: none"> 1. 2016 Symposium catalog (32,989) 2. 2010 Symposium Presentation/LMGT-732 (16,068) 3. 2012 Symposium Presentation/OPE-4022 (6,116) 4. Instructor Institute - Conducting CE Programs (4,925) 5. 2012 Symposium Presentations/OPE-4006 (4,145)

Figure 4: This table identifies the number of unique visitors, the average visits per day and the average visit length by minutes to the OEMS website from June – September. Since Web Trend data for the month of June was unavailable for the last report, it is included below. *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 visits per day* include both unique visitors and repeat visitors.

	Visitors	Average Hits Per Day	Average Visit Length (Minutes)
June	7,893	1,462	26:33
July	7,943	1,385	27:00
August	9,729	1,559	25:54
September	9,462	1,527	29:59

EMS Symposium

EMS Symposium

- PR assistant coordinated the shipping of the symposium catalogs to all Virginia EMS agencies in July.
- PR coordinator submitted symposium ads and event information to advertise the Virginia EMS Symposium to the Virginia Fire Chiefs Association magazine, NASEMSO events calendar and VDFP. Also worked with OEMS BLS training specialist to promote the EMS Symposium at the North Carolina EMS Symposium.
- PR coordinator submitted event information for the 2016 Symposium mobile app.

- PR coordinator worked with symposium sponsorship coordinator on sponsored items, signage, etc.
- PR coordinator worked with Web coordinator to update symposium catalog, flyers, sponsors and event info on the OEMS website.
- PR assistant started coordinating supply order items that would be needed for symposium registration packets and placed supply order for such items.
- PR coordinator started organizing Free Flu Shot Clinic, to be hosted in coordination with the Norfolk Health Department.
- PR coordinator starting drafting Symposium On-Site Guide.

Governor's EMS Awards Program

- PR assistant completed the final press releases for the Regional Awards.
- PR assistant prepared the Governor's EMS Awards nomination packets for the Awards Nomination Committee members to review and organized the Governor's EMS Awards Nomination Committee meeting, August 19, 2016.
- PR assistant placed order for the Governor's EMS Award pyramids that will be presented to winners at the EMS Awards banquet.
- Sept. 23 - PR coordinator submitted a Decision Memo request for the Governor's Office to review the Governor's EMS Award selections and provide signed certificates for the winners.
- PR coordinator prepared Decision Memo requesting the Governor's attendance at the Annual Governor's EMS Awards, to be submitted in October.

Media Coverage

The PR coordinator was responsible for fielding the following OEMS and VDH media inquiries July – September, and submitting media alerts for the following requests:

- **Aug. 18** – Reporter from WAVY TV wanted information regarding FBI activity and any OEMS on-going investigations at EMR in Portsmouth, VA.
- **Aug. 19** – Reporter from the News & Advance requested information regarding EMS regulations and the definition of “termination” as it pertains to the termination/suspension of an agency license.

- **Aug. 29** – Reporter from Nelson County Times requested information pertaining to Gladstone Volunteer Rescue Squad’s out of service status.
- **Sept. 1** – Reporter from Nelson County Times requested an update pertaining to Gladstone Volunteer Rescue Squad’s services being restored.
- **Sept. 1 & Sept. 8** – Reporter from Lynchburg News and Advance inquired about the decline of volunteer EMS agencies in the Lynchburg area. Reporter also requested additional info on this topic Sept. 8.
- **Sept. 27** –Reporter from Nelson County Times requested an update on the operating status of Gladstone Volunteer Fire and Rescue.
- **August – September** - On behalf of VDH, assisted with various media responses for updated daily case counts for Tropical Smoothie Café Hep A cases.

OEMS Communications

The PR coordinator and PR assistant are responsible for the following internal and external communications at OEMS:

- On a daily basis, the PR assistant monitors and provides assistance to the emails received through the EMS Tech Assist account and forwards messages to their respective divisions.
- The PR assistant is the CommonHealth coordinator at OEMS, and as such she sends out weekly CommonHealth Wellnotes to the OEMS staff.
- The PR coordinator designs certificates of recognition and resolutions for designated EMS personnel on behalf of the Office of EMS and State EMS Advisory Board.
- The PR coordinator creates certificates for free Symposium registrations to be use at designated Regional EMS Council events.
- PR coordinator and PR assistant provide reviews and edits upon request for internal/external documents.

VDH Communications

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

- **July - September** – Responsible for providing back up for the PR team, including coverage for media alerts, VDH in the News, media assistance and other duties as needed.
 - July - September – PR coordinator participated in the VDH Communications: Website Workgroup Meetings. PR assistant participated in the VDH Communications: Branding Workgroup Meetings.
- **VDH Communications Conference Calls (Ongoing)** - The PR coordinator participates in bi-weekly conference calls and polycoms for the VDH Communications team.

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:

- **September 12 - OEMS Coordinates Infection Control Update for EMS Educators**
On August 5, the annual Occupational Safety and Health Administration (OSHA)/Infection Control Update for EMS educators took place on the campus of the University of Virginia. Greg Neiman, basic life support training specialist with the Office of Emergency Medical Services (OEMS), helped to coordinate and staff the two-hour session. A total of 39 education and Advanced Life Support coordinators participated in the update, which provided the latest information on OSHA and infection control compliance for EMS agencies and educational programs.
- **August 15 - Office of EMS Collaborates with National EMS Educators**
Advanced Life Support Training Specialist Debbie Akers recently participated in the 2016 National Association of EMS Educator's (NAEMSE) conference in Fort Worth. She served as a staff volunteer liaison for NAEMSE, including assuring all participants' continuing education credits were recorded properly. Debbie also promoted a collaborative networking opportunity with the National Registry, the Committee on Accreditation of EMS Programs, Commission on Accreditation for Pre-Hospital Continuing Education, and educators throughout the country, to improve best practices in educational methodology. These will be shared with the Office of EMS' Division of Educational Development staff, the program directors of Virginia's accredited programs and all education coordinators across the Commonwealth.

Regulation and Compliance

VI. Regulation and Compliance

EMS Agency/Provider Compliance

The EMS Program Representatives conduct and complete investigations pertaining to EMS agencies and providers. These investigations relate to issues concerning failure to submit prehospital patient care data and/or quality (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 third quarter 2016:

Compliance

Enforcement	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	CY2014	CY2015	CY2016
Citations	18	10	16		40	55	44
Agency	7	5	8		22	23	20
Provider	11	5	8		18	32	24
Verbal Warning	1	4	1		21	6	6
Agency	0	2	0		11	5	2
Provider	1	2	1		10	1	4
Correction Order	23	16	21		59	64	60
Agency	23	16	21		59	64	60
Provider	0	0	0		0	0	0
Temp. Suspension	9	4	6		20	26	19
Agency	0	0	0		0	0	0
Provider	9	4	6		12	26	19

Suspension	2	3	3		11	15	8
Agency	0	0	0		1	0	0
Provider	2	3	3		5	15	8
Revocation	2	1	1		7	8	4
Agency	0	0	0		0	0	0
Provider	2	1	1		4	8	4
Compliance Cases	39	35	28		202	166	104
Opened	22	14	27		140	112	63
Closed	17	21	1		62	54	39
Drug Diversions	4	1	6		21	15	11
Variances	10	3	3		29	23	16
Approved	9	1	3		16	14	13
Denied	1	2	0		13	9	3

Note: Not all enforcement actions require opening a compliance case. Because some actions are stand-alone, on the spot infractions, a full compliance case is not opened. Therefore, the number of enforcement actions will not equal the total number of compliance cases.

x – Indicates data not available

Hearings

September 30 – Coalson; Reynolds; Fluvanna VFC

Licensure

Licensure	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	CY2014	CY2015	CY2016
Agency	643	641	638		669	646	638
New	2	4	0				4
Vehicles	4,220	4,165	4,233		4,137	4,568	4,233
Inspection	443	1,103	1,100		2,997	2,854	2,646
Agency	51	54	59		289	319	164
Vehicles	226	865	892		2,261	1,964	1,983
Spot	115	184	149		447	571	448

Background Unit

The Office of EMS began the process of conducting criminal history records utilizing the FBI fingerprinting process through the Virginia State Police on July 1, 2014. There is a dedicated section on the OEMS website with relevant information on this new process that can be found at the following URL:

<http://www.vdh.virginia.gov/OEMS/Agency/RegCompliance/CriminalHistoryRecord.htm>.

Background Checks	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	CY2014	CY2015	CY2016
Processed	1,903	2,490	2,063		3,488	6,773	6,456
Eligible	1,458	1,733	1,224		2,683	5,415	4,415
Non-Eligible	16	10	11		19	50	37
Outstanding	202	522	612		546	1,091	1,336
Jurisdiction Ordinance	155	317	320			189	792

We are pleased to announce the addition of Mrs. Kathryn (Katie) Hodges as part of the Background Unit Team. With Katie onboard – we are back to full staffing and working diligently to return to normal workflow.

Regulatory

OEMS Staff continues to work with the various stakeholder groups to review suggested revisions to sections of the current EMS Regulations. Once completed, these recommended changes will be directed through the Rules and Regulations Committee to be submitted as a regulatory review packet.

- A Fast Track regulatory package to include the terminology of “affiliation” in the language of 12VAC-5-31-910 is in the regulatory review process and currently resides in

the Governors' Office for policy analyst review and approval,
(<http://townhall.virginia.gov/L/viewstage.cfm?stageid=7067>)

The Office has received communications that the Governor's Office does not support this regulatory packet as presented. OEMS staff will work to develop further clarifying language with input from the state EMS Advisory Board and resubmit for review.

- The Periodic Review of the Durable Do Not Resuscitate (DDNR) regulations 12VAC5-66 has been completed. OEMS staff has developed a Fast Track regulatory packet to include the definition of Physicians Orders for Scope of Treatment (POST) in the definitions. The packet was signed by the Governor and is currently published in the Virginia Registrar for public review and comment. It is set to be effective November 19, 2016 (<http://townhall.virginia.gov/L/viewstage.cfm?stageid=7484>).

EMS Physician Endorsement

Endorsed EMS Physicians: As of July 14, 2016: 220

The regional OMD workshops scheduled for 2016 have concluded. The next workshop and field operations class will be conducted at the EMS Symposium on November 10 - 11, 2016. OEMS staff will work with the regional EMS Councils to develop a schedule for CY2017 that will be posted on the OEMS webpage. OEMS staff is also reviewing and updating the on-line OMD training program that is utilized as a pre-requisite for anyone interested in becoming an endorsed EMS Physician in Virginia.

Additional Division Work Activity

The Regulation and Compliance staff held their quarterly staff meeting on August 24-26, 2016 in Winchester, Virginia. The next quarterly staff meeting is scheduled for November 30 – December 2, 2016 in Glen Allen, Virginia.

OEMS staff offers technical assistance and educational presentations to EMS agencies, entities and local governments as requested:

- July 13 – Virginia Fire Services Council Meeting - Oilville
- July 13 – Flint Hill Volunteer Fire Company – CE class
- July 26 – Virginia Emergency Support Team (VEST) Training – Virginia EOC
- August 10 – Grayson County – EMS service delivery questions
- August 16, Virginia Fire Chief's Association – Henrico
- August 17, CSEMS – EMS Regulations presentation
- August 30-21, VDH District Directors meeting – Sandston
- September 18 – 23, NASEMSO Fall meeting – Albuquerque, NM

- September 16 – Virginia Fires Services Council Meeting– Oilville
- September 28 – Rules and Regulations Work session, Glen Allen
- September 29 – Virginia Post Collaborative Executive Committee - Richmond

OEMS field staff assists the OEMS Grants Manager and the RSAF program by performing reviews of submitted grant requests as well as ongoing verification of RSAF grants awarded each funding cycle.

OEMS staff, in conjunction with the VDH, Office of Information Management (OIM), has initiated the process of converting data, files and processes from the existing Lotus Notes database to a new Oracle database for the Division of Regulation and Compliance. It is estimated to be completed in early 2017.

OEMS staff continues its work at the national level in the development of ambulance standards:

Commission on the Accreditation of Ambulance Services (CAAS) Ground Veh. Standards (GVS) v1:

CAAS announced the release of GVS v.1.0 on March 28, 2016 and became effective July 1, 2016. For additional information, contact Mark Van Arnam or visit: www.groundvehiclestandard.org or www.caas.org.

National Fire Protection Association (NFPA) 1917

NFPA 1917 has begun soliciting public comment for Version 3 of this document. Directions to offer comment can be found at the following link, <http://www.nfpa.org/1917>. OEMS staff is to attend a national meeting in October to review submitted public comments for the development of version 3 slated for 2017.

KKK-1822-F General Services Administration (GSA)

Change Notice 9 became effective July 1, 2016:

3.11.1.3 EQUIPMENT MOUNTING DEVICES

Installed Oxygen cylinder, cardiac monitor, and fire extinguisher mounting devices shall meet the performance requirements of SAE J3043

Technical Assistance

VII. Technical Assistance

EMS Workforce Development Committee

The EMS Workforce Development Committee's August meeting was cancelled. The minutes of previous meetings are available on the OEMS website, at the link below:

<http://www.vdh.virginia.gov/OEMS/AdvisoryBoard/Committees/WorkforceDevelopment.htm>

The committee is scheduled to meet on November 11, 2016 at the Virginia EMS Symposium. The committee's primary goal is to complete the EMS Officer and Standards of Excellence (SoE) programs.

EMS Officer Sub-Committee

The EMS Officer Sub-committee has met three (3) times since the last state EMS Advisory Board meeting. The sub-committee has been working on developing an EMS Officer I course based on the Fire Officer I course material in the Jones and Bartlett Fire Officer Principles and Practice (Third Edition).

The workgroup has worked to finalize the draft content of all the modules of EMS Officer I. There is a pilot of the EMS Officer I program being offered as a pre-conference session at EMS Symposium, with 30 registered students. The workgroup will evaluate feedback, etc. to determine any changes that may be necessary to future offerings of EMS Officer I.

Standards of Excellence (SoE) Sub-Committee

The SoE Assessment program is a voluntary self-evaluation process for Virginia EMS agencies based on eight Areas of Excellence – or areas of critical importance to successful EMS agency management.

Each Area of Excellence is reviewed using an assessment document that details optimal tasks, procedures, guidelines and best practices necessary to sustain a viable and well managed EMS agency.

A SoE site visit is scheduled at Loudoun County Fire-Rescue (LCFR) on October 27th, and if all critical criteria are met, LCFR will be recognized as an Agency of Excellence.

All documents related to the SoE program can be found on the OEMS website at the link below: <http://www.vdh.virginia.gov/OEMS/Agency/SoE.htm>

OEMS continues to receive inquiries from EMS agencies interested in participating in the SoE process.

The Virginia Recruitment and Retention Network

The Virginia Recruitment and Retention Network met on February 25, 2016, in conjunction with the Virginia Fire Chief's Association conference in Virginia Beach. The network is scheduled to meet on November 10, 2016, in conjunction with the Virginia EMS Symposium.

Several changes have been made to the Recruitment and Retention page on the OEMS website to give it a more streamlined appearance. Links to pertinent reference documents are expected to be added to the page in the coming months.

The mission of the Virginia Recruitment and Retention Network is “to foster an open and unselfish exchange of information and ideas aimed at improving staffing” for volunteer and career fire and EMS agencies and organizations.

Trauma and Critical Care

VIII. Trauma and Critical Care

ImageTrend Update

Migration of VPHIB dataset from NEMSIS Version 2 to NEMSIS Version 3 (VAv3) standard

- NEMSIS will discontinue collection of Version 2 data on 12/31/2016
- To date, 62% of Virginia's active EMS Agencies are currently using the Elite (VAv3) system, leaving 38% still in the process of transitioning to the new version.
- OEMS staff has closed 261 Agency level support request tickets in the past quarter.
- Top 4 categories of support requests were:
 - User account issues (password/locked accounts)
 - Requests for Data
 - Data Exchange issues (XML Mapping, 3rd party submission issues)
 - Setup issues (agency system setup)
- Improvements to the Virginia Elite system
 - CQI Module Activated:
 - Allows agencies to develop a Continuous Quality Improvement (CQI) process in the Virginia Elite system
 - Custom Incident List Views:
 - Gives users the ability to design how they want to view the list of incidents.
 - Gives agency administrators the ability to design multiple agency level views which can be accessed by any user within their agency
 - Field Incident Cloud:
 - Gives agency administrators the ability to recover records from the ImageTrend Cloud when issues occur with remote devices or connectivity.
 - Supplemental Questions:
 - Allows agency administrators to create additional questions outside of the NEMSIS standard they consider relevant which can be added to the electronic medical records and patient care report

EMS Data

EMS Responses By EMS Council Region By Quarter, VA, 4th Qtr 2015-3rd Qtr 2016

EMS Council Region	4th Qtr 2015		1st Qtr 2016		2nd Qtr 2016		3rd Qtr 2016		Grand Total	Percent
	Total	Percent	Total	Percent	Total	Percent	Total	Percent		
Blue Ridge	14,300	4.1%	14,836	4.1%	14,620	3.9%	13,908	3.9%	57,664	4.0%
Central Shenandoah	13,899	4.0%	13,080	3.6%	12,505	3.4%	11,996	3.3%	51,480	3.6%
Lord Fairfax	9,626	2.7%	10,688	2.9%	9,726	2.6%	9,863	2.7%	39,903	2.8%
Northern	80,306	22.9%	80,262	22.1%	85,606	23.0%	77,486	21.5%	323,660	22.4%
Old Dominion	65,122	18.6%	71,399	19.7%	72,593	19.5%	75,378	20.9%	284,492	19.7%
Peninsulas	24,405	7.0%	23,249	6.4%	24,237	6.5%	20,100	5.6%	91,991	6.4%
Rappahannock	27,728	7.9%	30,445	8.4%	31,649	8.5%	30,365	8.4%	120,187	8.3%
Southwest	19,711	5.6%	19,545	5.4%	21,097	5.7%	20,668	5.7%	81,021	5.6%
Thomas Jefferson	10,237	2.9%	9,499	2.6%	9,647	2.6%	9,871	2.7%	39,254	2.7%
Tidewater	55,583	15.8%	58,822	16.2%	57,780	15.5%	55,481	15.4%	227,666	15.7%
Western	28,831	8.2%	29,848	8.2%	29,693	8.0%	27,852	7.7%	116,224	8.0%
Other/Out of State	974	0.3%	1,049	0.3%	3,574	1.0%	8,085	2.2%	13,682	0.9%
Grand Total	350,722	100.0%	362,722	100.0%	372,727	100.0%	361,053	100.0%	1,447,224	100.0%

- The Division is actively participating in the VDH Addiction Work Group that is tasked with developing strategies to combat drug overdose deaths in the Commonwealth. EMS data is playing a key role in prevention process and we are submitting weekly and monthly Narcan usage reports to Dr. Melton, the Health District Managers and Regional Council Directors as a part of the ongoing surveillance efforts. Below is a snapshot of a portion of the monthly report for reference.

Narcan Surveillance Report, September, 2016

VDH Health District	Locality	Destination Hospital	Patients with Improved Narcan Response
Alleghany	Craig County	Giles Community Hospital	1
	Roanoke County	Carilion Roanoke Memorial Hospital	3
	Covington	Alleghany - Lewis-Gale Hospital	1
	Salem	Lewis Gale Hospital	1
Arlington	Arlington County	Virginia Hospital Center	5
		Unknown Hospital	1
Central Shenandoah	Rockbridge County	Stonewall Jackson Hospital	1
	Rockingham County	Sentara Rmh Medical Center	1
	Buena Vista	Stonewall Jackson Hospital	1
	Harrisonburg	Sentara Rmh Medical Center	2
Central Virginia	Appomattox County	Lynchburg General Hospital	5
	Campbell County	Lynchburg General Hospital	1
	Lynchburg	Lynchburg General Hospital	2
Chesapeake	Chesapeake	Chesapeake General Hospital	8
		Maryview Medical Center	1

Note: Data is compiled from patient medical records submitted to the Virginia Pre-Hospital Information Bridge (VPHIB) program (v2, v3) with the Virginia Department of Health, Office of Emergency Medical Services (OEMS), Division of Trauma/Critical Care for 9/4-10/1/2016 as of 10/3/2016.

Trauma System Plan Taskforce

The Trauma System Plan Taskforce is multi-disciplinary task force representing the trauma and EMS system in Virginia. Convened at the request of the Chair and Executive Committee of the State EMS Advisory Board, the Taskforce is charged with addressing the recommendations contained in the American College of Surgeons Trauma System Consultation Report.

The task force identified subject matter experts to serve on work groups that are examining key aspects and components of the current trauma system in Virginia. The Trauma System Plan Taskforce and the workgroups met on September 1, 2016 in Richmond. The workgroups will be submitting their draft strategic plans to the Trauma System Oversight and Management Committee at the December 2016 meeting.

The membership rosters, meeting dates, locations and minutes can be found on the OEMS web site at:

<http://www.vdh.virginia.gov/OEMS/Trauma/TraumaPlanTaskForceIndex.htm>

Emergency Medical Services for Children (EMSC)

EMS Agency Surveys Will Establish Baseline Data for New EMSC PMs in 2017

The Virginia EMS for Children (ESMC) program in the Office of EMS, with the assistance of the National EMSC Data Analysis Resource Center (NEDARC), will be conducting web-based surveys of licensed Virginia EMS agencies in early 2017 to collect baseline data in relation to two of the three new national EMSC Performance Measures (PMs). All three of the new measures are described below:

Performance Measure	New/Related Measures	Prior PM Number (if applicable)	Topic (simplified)
EMSC 01	New	N/A	Submission of NEMSIS compliant version 3.x data to the State EMS Office for submission to NEMSIS Technical Assistance Center (<i>state level data</i>)
EMSC 02	New	N/A	Pediatric Emergency Care Coordinator (<i>EMS agency level data</i>)
EMSC 03	New	N/A	Use of pediatric-specific equipment (<i>EMS agency level data</i>)

Data collection metrics for EMSC 01:					Current Progress
Which statement best describes your current status?					
Our State EMS Office does not submit patient care data to the NEMSIS Technical Assistance Center (TAC).					0
Our State EMS Office intends to submit NEMSIS version 3.x compliant patient care data to NEMSIS TAC by or before 2020.					1
Our State EMS Office submits NEMSIS version 3.x compliant patient care data to NEMSIS TAC with at least 10% of licensed EMS agencies reporting.					2
Our State EMS Office submits NEMSIS version 3.x compliant patient care data to NEMSIS TAC with at least 25% of licensed EMS agencies reporting.					3
Our State EMS Office submits NEMSIS version 3.x compliant patient care data to NEMSIS TAC with at least 50% of licensed EMS agencies reporting.					4
Our State EMS Office submits NEMSIS version 3.x compliant patient care data to NEMSIS TAC with at least 90% of licensed EMS agencies reporting.					5
Data collection metrics for EMSC 02:					Scale
Which statement best defines your agency?					
Our EMS agency does NOT have a designated INDIVIDUAL who coordinated pediatric emergency care at this time.					0
Our EMS agency does NOT CURRENTLY have a designated INDIVIDUAL who coordinates pediatric emergency care but we would be INTERESTED IN ADDING this role.					1
Our EMS agency doe NOT CURRENTLY have a designated INDIVIDUAL who coordinates pediatric emergency care but we HAVE A PLAN TO ADD this role within the next year.					2
Our EMS agency HAS a designated INDIVIDUAL who coordinates pediatric emergency care.					3
Data collection metrics for EMSC 03:					
Skill Checking on Pediatric Equipment	Two or more times per year	At least once per year	At least once every two years	Less frequency than once every two years	
How often are your providers required to demonstrate skills via a SKILLS STATION?	4	2	1	0	
How often are your providers required to demonstrate skills via a CASE SCENARIO?	4	2	1	0	
How often are your providers required to demonstrate skills via a FIELD ENCOUNTER?	4	2	1	0	

PM **EMSC 01** deals with state level data and the data will be provided in Virginia by the OEMS Division of Trauma/Critical Care, which manages the EMS Registry and the V-PHIB data. EMS agency surveys to collect baseline data for PM **EMSC 02** and PM **EMSC 03** will be done by EMSC programs around the United States, and will begin in March of 2017. There will be 10 cohorts surveying data for 3-month periods, with start dates staggered by one month. We anticipate that Virginia will begin preparation for the survey in December 2018 with NEDARC, with the actual survey process probably taking place March-May of 2017.

The EMSC Performance Measures that are NOT CHANGING materially are described (in a simplified way) below:

Performance Measure	New/Related Measures	Prior PM Number (if applicable)	Topic (simplified)
EMSC 04	Unchanged	74	Pediatric medical emergencies
EMSC 05	Unchanged	75	Pediatric traumatic emergencies
EMSC 06	Unchanged	76	Written inter-facility transfer guidelines that contain all the components as per the implementation manual
EMSC 07	Unchanged	77	Written inter-facility transfer agreements that overs pediatric patients
EMSC 08	Unchanged	79	Established permanence of EMSC
EMSC 09	Unchanged	80	Established permanence of EMSC by integrating EMSC priorities into statutes/regulations

All of the Performance Measures have detailed percentage targets by year that states will measure their progress against. For example, PM EMSC 01 has an ultimate goal of having states have 90% of their licensed EMS agencies submitting the required data in NEMSIS 3.x format (and then reported by the state to the NEMSIS Technical Assistance Center [TAC]) by the year 2020.

Pediatric Track Ready to Roll at Symposium

Registration ends this week, so we should know soon how many folks have taken advantage of the many offerings in the pediatric track sponsored by the EMS for Children program.

On-Site Pediatric ED Assessments

The Virginia EMSC program continues to perform collaborative on-site assessments of pediatric needs and capabilities of small and rural emergency departments upon request, and for no cost to the institution. Those interested should contact David Edwards at david.edwards@vdh.virginia.gov.

NASEMSO & PECC (Pediatric Emergency Care Council)

The Pediatric Emergency Care Council met in September as part of the National Association of State EMS Officials (NASEMSO) 2016 Fall Meetings in Albuquerque, New Mexico.

- Reducing Infant Sleep Deaths Through Education (developing programs for EMS to assist at the community level in identifying and improving high-risk sleep environments)
- “Stay Alive, Just Drive” (addressing the dangers of distracted and impaired driving)
- Safe Transport of Children Ad Hoc Committee (latest progress in establishing standards for ambulances, their equipment, and the eventual crash testing of the both)
- Community Paramedicine/Mobile Integrated Health & Injury Prevention (developing toolkits for EMS agencies related to injury prevention programs, etc.)
- Human Trafficking: How EMS Can Make a Difference
- Stateside Implementation of a Prehospital Care Guideline (pain management guideline—with special attention paid to pediatric patients)

Pediatric Medication Errors

In consultation with the EMS for Children Committee, the EMSC program has planned additional action steps going forward in addressing concerns about pediatric medication errors and how to prevent them. Currently these will include:

- Continued research into alternative pediatric medication dosage systems (Handtevy™, Broselow®, etc.)
- Letter to Medical Direction Committee raising awareness of the issue.
- Providing the MI-MEDIC® product (result of an EMS for Children Targeted Issues Grant) to the Medical Directors Committee for comment—the EMSC program is considering providing a similar product for Virginia use.
- Letters to regional performance improvement entities (care of regional councils/trauma centers, etc.).
- Statement of concern to EMS providers on state listserv (plea to document weight in kg.).
- Submission of articles to the EMS Bulletin and VAVRS newsletter for consideration.
- Proposing “pediatric medication errors” as a potential EMSAT subject.

- Letters to state-approved EMS education programs, EMS instructors and EMS Medical Directors emphasizing concern regarding the potential of pediatric medication errors.
- Follow progress of NEMSIS version 3.x implementation to lobby for prompting for pediatric weight in kg.

Peds-Ready Portal To Stay Open!

The Peds Ready Portal, which had been set to close last month, is now going to stay open for the foreseeable future. Hospitals that wish to “re-take” their Pediatric Readiness Assessment may still do so—and receive a new “readiness score” and a new “gap analysis”, so please continue to spread the word. Only one person from each hospital may fill out the assessment online, and access is gained by navigating to www.pedsready.org. The process is intended as a performance improvement tool for hospitals to assess and improve their pediatric readiness.

EMSC State Partnership Grant Notes

- Virginia’s EMSC Coordinator attended a workshop “*Techniques in Developing Surveys*” last month, presented by the National EMSC Data Analysis Resource Data Center (NEDARC).
- Child restraints are going to be a major purchasing objective with 2016-2017 EMSC Funding. One of the recommendations of the American College of Surgeons in their Trauma System Consultation Report was that the state help EMS agencies fund child restraints for ground ambulances. EMSC funding was specifically mentioned as a prime best option for this, and had been previously discussed by the Committee. A survey with the purpose of better determining volunteer agencies with the need for an appropriate child restraint system is likely to be forthcoming.
- A non-competing continuation (NCC) Progress Report will be submitted in the EHB (electronic handbook), a federal web-based reporting site, by the November 1, 2016 deadline.
- We are still awaiting word on our carryover request of 2015-2016 funding (unobligated balances). Requests for additional detail information on have been provided, and our request is still pending.
- On July 1, 2016 the ***National EMSC Innovation and Improvement Center (EIIC)***, based at the Baylor College of Medicine and Texas Children’s Hospital in Houston, Texas began to provide services in support of EMS for Children programs nation-wide. The EIIC Center represents a new resource for the EMSC program, as the ***EMSC National Resource Center (NRC)*** ceases operations after more than 25 years. The NRC, which was based within Children’s National Medical Center, was instrumental in efforts to effect change across the emergency continuum of care and helped develop multidisciplinary communities/ partnerships to move national initiatives forward such as the Pediatric Readiness project.

EMSC Committee

The EMS for Children Committee of the EMS Advisory Board met October 6th at 3:00 pm in the OEMS offices at 1041 Technology Park Drive in Glen Allen, VA. The special presentation for the meeting was a webinar held specifically for the EMSC Committee Pediatric Emergency Systems, and was hosted by Peter Antevy, creator of the “Handtevy Pediatric System”, where an extensive discussion of issues involved in pediatric medication dosing was held. Additional issues discussed during the Committee meeting were Adrenal Insufficiency Crisis, pediatric topics for Symposium (2016 and 2017), initiatives to require a minimum school nurse-to-student ratio in Virginia public schools, pediatric emergency preparedness issues and resources (including resources of the AAP-American Association of Pediatrics), pediatric inclusion in Virginia trauma state planning, etc.

The tentative meetings dates for the EMSC Committee in 2017 are planned to be January 5, April 6, July 6 and October 5. Our tentative special presentation for the January 5th 2017 meeting is to be about emergency shelters in Virginia and pediatric preparations in relation to them.

Suggestions/Questions

Suggestions or questions related to the Virginia EMS for Children program in the Virginia Department of Health should be submitted to David Edwards via email at david.edwards@vdh.virginia.gov, or by calling 804-888-9144 (direct line).



The EMS for Children Program is hosted by the Office of EMS, and is a function of the Division of Trauma/Critical Care.

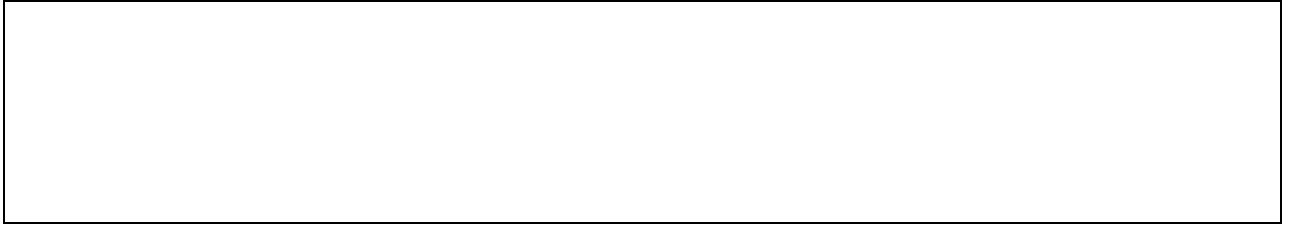
Respectfully Submitted

OEMS Staff

Appendix

A

<input checked="" type="checkbox"/> Committee Motion:	Name :	Training and Certification Committee (TCC)		
<input type="checkbox"/> Individual Motion:	Name :			
Motion:				
To approve the new format and updates to the Training Program Administrative Manual (TPAM).				
EMS Plan Reference (include section number):				
2.2.1 Ensure adequate, accessible and quality EMS provider training and continuing education exists in Virginia.				
2.2.2 Enhance competency-based EMS training programs.				
4.2.2 Assure adequate and appropriate education of EMS students.				
Committee Minority Opinion (as needed):				
There were no opposing or abstentions cast.				
For Board's secretary Use only:				
Motion Seconded by:				
Vote :	By Acclamation:	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	
	By Count	Yea: <input type="checkbox"/>	Nay: <input type="checkbox"/>	Abstain: <input type="checkbox"/>
Board's Minority Opinion:				



Due to the size of the TPAM document, it is accessed at
http://www.vdh.virginia.gov/oems/Files_Page/Training/TPAM2017.pdf.

The format changes involved listing the actual regulation followed by the policy.

Where appropriate, the TPAM policy identification matches the regulation number.
There were also updates to the policy to better reflect current practice.

Appendix

B

VIRGINIA OFFICE OF EMERGENCY MEDICAL SERVICES STATE STRATEGIC AND OPERATIONAL PLAN



2017 – 2019

VIRGINIA OFFICE OF EMS STATE STRATEGIC AND OPERATIONAL PLAN
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VIRGINIA OFFICE OF EMS 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) which shall incorporate, but not be limited to, the plans prepared by the regional emergency medical services councils. 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 2017 – 2019 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.

Definitions of acronyms included in the plan can be found on **pages 16 and 17**.

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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.

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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 (RC)	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. Develop method to measure the number of new EMS providers recruited via recruitment and retention programs and activities. 1.1.2.2. Revise "Keeping The Best!" programs for online access. 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, PSHS, VSP, VDFP), RC, System Stakeholders.	1.1.3.1. Encourage agencies and providers to visit OEMS web page regularly, subscribe to OEMS e-mail list, and access OEMS social media sites. 1.1.3.2. Encourage stakeholder use of OEMS Provider and Agency Portals.
	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, including the most recent version of NEMSIS, among the highway safety community, as well internal and external stakeholders. 1.1.5.2 Utilize the national EMS database to monitor national data trends. 1.1.5.3 Provide a means for VDH bio-surveillance programs to utilize VPHIB data.

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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 with partner agencies to develop mission ready packages and the process for implementation and use.
	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 (including pandemic diseases) 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 Encourage 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. Provide state and regional EMS data summaries, and compare with other similar state EMS data. 2.1.1.2. Develop VSTR and VPHIB research data set to be available for entities upon request and that have obtained institutional review board approval. 2.1.1.3. Support the development, implementation, and evaluation of evidence-based guidelines (EBGs) according to the National Prehospital EBG Model Process 2.1.1.4. Promote standardization and quality improvement of prehospital EMS data by supporting the adoption and implementation of NEMSIS-compliant systems 2.1.1.5. Improve linkages between NEMSIS data, VDH data warehouse and other databases, registries, or other sources to measure system effectiveness and improve clinical outcomes

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Strategic Initiative 2.1 - Sponsor EMS related research and education. (Cont.)			
	Objectives	Accountability	Action Steps
Core Strategy 2: Create Tools and Resources	2.1.2 Determine quality of EMS service and conduct analysis of trauma triage effectiveness.	OEMS, Designated Trauma Centers, TSO & MC, RC	<p>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 OEMS 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.</p> <p>2.1.2.2. Develop and implement OEMS component of VDH Data Warehouse (DW)</p> <ul style="list-style-type: none"> • Use DW to integrate VPHIB and VSTR • 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. <p>2.1.2.3. Use the DW to support bio-surveillance projects being performed within the VDH.</p>
	2.1.3 Evaluate challenges that impact the workforce on service provision around the State.	OEMS, Workforce Development Committee (WDC), VAGEMSA, VAVRS	<p>2.1.3.1. Assess demographic and profile characteristics of EMS Providers in Virginia through EMS Provider Portal.</p> <p>2.1.3.2. Utilize EMS databases to evaluate information related to challenges that impact the workforce in the provision of EMS service.</p>

Strategic Initiative 2.2 - Supply quality education and certification of EMS personnel.			
	Objectives	Accountability	Action Steps
Core Strategy 2	2.2.1 Ensure adequate, accessible, and quality EMS provider training and continuing education exists in Virginia.	OEMS, TCC, Regional EMS Councils	<p>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.</p> <p>2.2.1.2. Review student disposition on a bi-annual basis, identifying areas of concern for TCC input and possible corrective action.</p> <p>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.</p>

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Strategic Initiative 2.2 - Supply quality education and certification of EMS personnel. (Cont.)			
Core Strategy 2: Create Tools and Resources	Objectives	Accountability	Action Steps
	2.2.2 Enhance competency based EMS training programs.	OEMS, TCC, 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 Align all initial EMS education programs to that of other allied health professions to promote professionalism of EMS.	OEMS, TCC, MDC, Board of Health Professions	2.2.3.1. Proactively promote Advanced Level EMT Training (AEMT)
	2.2.4 Increase the amount and quality of pediatric training and educational resources for EMS providers, emergency department staff in Virginia.	OEMS, EMSC Committee, VHHA	2.2.4.1. Purchase and distribute pediatric training equipment for EMS agencies. 2.2.4.2. Sponsor pediatric training related instructor courses. 2.2.4.3. Provide support for speakers and topics at the annual VA EMS Symposium. 2.2.4.4 Participate in the National Pediatric Readiness Project.
	2.2.5 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	2.2.5.1. Sponsor geriatric training related instructor courses. 2.2.5.2. Provide support for speakers and topics at the annual VA EMS Symposium.
	2.2.6. Assure an adequate amount and quality of crisis/behavioral health training and educational resources for EMS providers.	OEMS, TCC, MDC, RC, Virginia Department of Behavioral Health and Developmental Services (VBHDS)	2.2.6.1 Coordinate and sponsor crisis/behavioral health courses for instructors and students throughout the Commonwealth. 2.2.6.2 Provide support for speakers and topics at the annual VA EMS Symposium.

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Strategic Initiative 3.1 - EMS Regulations, Protocols, Policies, and Standards			
Core Strategy 3: Develop Infrastructure	Objectives	Accountability	Action Steps
	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. Review legislation to determine impact of legislation on VA EMS system. 3.1.1.2. Gather legislative news and interest items from NASEMSO, and NAEMSP, FICEMS, and related organizations.
	3.1.2 Establish statewide Air/Ground Safety Standards.	OEMS, State Medevac Committee	3.1.2.1. Identify and adopt universal safety standards. 3.1.2.2. Maintain weather turn down system. 3.1.2.3. Establish standard safety protocols and training based on protocols. 3.1.2.4. Standardize air/ground safety standards. 3.1.2.5. Standardize LZ procedures. 3.1.2.6. Maintain process for consistent use of air to air communication.
	3.1.3 Develop criteria for a voluntary Virginia Standards of Excellence Recognition Program for EMS Agencies.	OEMS, Workforce Development Committee	3.1.3.1. Promote and incentivize voluntary accreditation standards. 3.1.3.2. Implement and market program to interested agencies. 3.1.3.3. Evaluate efficacy of program based on feedback of EMS agency officials and Technical Assistance Teams.
	3.1.4 Maintain and enhance the Trauma Center designation process.	OEMS, TSO & MC, EMSC	3.1.4.1. Maintain the trauma designation criteria to include American College of Surgeons (ACS) Trauma Center standards. 3.1.4.2. Conduct an analysis to determine the benefits of adding Level IV designation to the trauma care system, based on public need.
	3.1.5 Maintain and enhance the Regional EMS Council designation process.	OEMS	3.1.5.1. Evaluate the structure of the designation process. 3.1.5.2. Incorporate input of applicants and evaluators into next round of designations. 3.1.5.3. Conduct re-designation of councils.
	3.1.6 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	3.1.6.1. Development of standard inspection checklist, to include all aspects of agency and EMS vehicle inspection.
	3.1.7 Through a consensus process, develop a recommendation for evidence-based patient care guidelines and formulary.	OEMS, State EMS Medical Director, MDC, Board of Pharmacy.	3.1.7.1. Resource document being developed to assist regional medical directors, agency medical director and agency personnel as patient care guidelines and protocols are produced.

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Strategic Initiative 3.2 - Focus recruitment and retention efforts			
Core Strategy 3: Develop Infrastructure	Objectives	Accountability	Action Steps
	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, MDC, WDC, FARC, RC	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 Support the transition of military EMS providers to civilian practice.
	3.2.2 Support and expand the Virginia Recruitment and Retention Network.	OEMS, WDC	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 EMS leadership programs, utilizing best practices.	OEMS, WDC	3.2.3.1. Develop and promote leadership programs to assist EMS agencies to provide high quality leadership to include all levels of the EMS Officer training program. 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. 3.2.3.4. Test efficacy of standards annually.

Strategic Initiative 3.3 – Upgrade technology and communication systems			
Core Strategy 3	Objectives	Accountability	Action Steps
	3.3.1 Assist with, and promote, the compliance of all emergency medical communications systems with state and federal regulations for interoperability.	OEMS, Communications Committee	3.3.1.1. Continue to ensure that all emergency medical communications systems meet state and federal regulations.
	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 communication products available for use in the emergency medical community.	OEMS, Communications Committee	3.3.3.1. Support new products and technologies, state and federal interoperability initiatives, including First Net, and serve as information conduit to entities.

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Strategic Initiative 3.4 – EMS Funding			
Core Strategy 3: Develop Infrastructure	Objectives	Accountability	Action Steps
	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 and consider 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 and other stakeholders in developing a resource guide, and distribute to potential 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 potential 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, and 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 and other 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			
Core Strategy 3	Objectives	Accountability	Action Steps
	3.5.1 Standardize performance and outcome based service contracts with designated Regional EMS Councils and other qualified entities.	OEMS, RC	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.
Core Strategy 3	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 PI program.

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Strategic Initiative 3.5 – Enhance regional and local EMS efficiencies (Cont.)			
	Objectives	Accountability	Action Steps
Core Strategy 3	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 its emergency medical services system.	OEMS, WDC 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 periodic publications of VACO and VML.

Strategic Initiative 4.1 – Assess compliance with EMS performance driven standards.			
	Objectives	Accountability	Action Steps
Core Strategy 4	4.1.1 Maintain statewide data-driven performance improvement process.	OEMS, MDC	4.1.1.1. Utilize VDH resources 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 triage/patient management plans.	OEMS, TSO & MC, State EMS Medical Director, MDC, RC	4.1.2.1. Maintain statewide stroke triage, and trauma triage plans to include regional plan development and maintenance by regional EMS councils. 4.1.2.2. Supply state level data to assist with monitoring individual regional performance compared to state and national benchmarks. 4.1.2.3. Actively participate with organizations, such as AHA that addresses pre-hospital and inter-hospital triage/patient management.

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Strategic Initiative 4.1 – Assess compliance with EMS performance driven standards. (Cont.)			
Objectives		Accountability	Action Steps
Core Strategy 4: Assure Quality and Evaluation	4.1.3 Review and evaluate data collection and submission efforts.	OEMS, MDC	4.1.3.1. Develop standard reports within VPHIB that will allow individual EMS agencies to view the quality of data being submitted. 4.1.3.2. Provide quality “dashboards” where education can improve data quality and update validity rules within the application when education alone cannot correct poor data. 4.1.3.3. Provide quarterly compliance reports to the OEMS, Division of Regulation and Compliance and Executive Management.
	4.1.4 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, Health & Safety Committee	4.1.4.1. Evaluation of national/international documents and information related to vehicle and provider safety, with potential incorporation into EMS regulation and inspection procedure.
	4.1.5 Measure EMS system compliance utilizing national EMS for Children (EMSC) performance measures.	OEMS, EMSC	4.1.5.1. Continue to assess 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, TCC	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, TCC, 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, TCC	4.2.3.1. Explore possibility of administering a program summative practical exam in lieu of state practical exam.

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Strategic Initiative 4.3 – Pursue initiatives that support EMS			
Core Strategy 4: Assure Quality and Evaluation	Objectives	Accountability	Action Steps
	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. 4.3.1.2 Review VPHIB statistics regarding Line of Duty Death (LODD) and Line of Duty Injury (LODI), and develop prevention materials.
	4.3.2 Develop, implement, and promote programs that emphasize safety, health and wellness of first responders.	OEMS, TCC, MDC, DBHDS, VDFP, VFCA, VAVRS, VAGEMSA, VPFF, NFFF, RC	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 – Identify, develop, and distribute safety, health and wellness programs aimed at first responders, such as Traffic Incident Management, and suicide prevention, and EMS fatigue. 4.3.2.3. Ensure Health, Safety, and wellness training is available at stakeholder conferences, and recommend topics and presenters. 4.3.2.4. Maintain Governor's EMS Award category for contribution to the EMS system related to the health and safety of EMS providers.
	4.3.3. Research and disseminate information on best practices as it relates to EMS response to active shooter and hostile environment incidents.	OEMS, Health & Safety Committee, State EMS Medical Director, VSP, DFP, RC	4.3.3.1 Develop and maintain website providing information on best practices related to response procedures, policies, team equipment, and other issues related to EMS involvement in active shooter/hostile environment response. 4.3.3.2 – Work with partner agencies to encourage public safety relationships at the local level to enhance response to active shooter/hostile environment incidents.
	4.3.4. Research and disseminate information on best practices as it relates to community risk reduction programs targeted toward improving population health.	All EMS Stakeholder groups	4.3.4.1 Develop partnerships with public and private entities to expand opportunities to improve population health. 4.3.4.2 Develop and promote programs, such as mobile integrated healthcare, targeted toward improving population health.

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Appendix B – Sample Planning Matrix

Core Strategy	Strategic Initiative		
	Objectives	Accountability	Action Steps

Appendix C - Glossary

Glossary of Terms

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

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

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.

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.

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

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

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Appendix C (Continued)

Glossary of Commonly Used Acronyms

AEMS	Atlantic EMS Council (PA, WV, NJ, DE, MD, VA, DC, NC)
AHA	American Heart Association
AMS	Air Medical Services
COOP	Continuity Of Operations Plan
DGS	Virginia Department of General Services
DBDHS	Department of Behavioral Health and Developmental Services
DW	VDH Data Warehouse
EMSC	EMS For Children
FARC	Financial Assistance Review Committee (Subcommittee of state EMS Advisory Board)
FCC	Federal Communications Commission
FICEMS	Federal Interagency Committee on EMS
HMERT	Health and Medical Emergency Response Team
LZ	Landing Zone
MCI	Mass Casualty Incident
MDC	Medical Direction Committee (Subcommittee of state EMS Advisory Board)
NASEMSO	National Association of State EMS Officials
NEMSIS	National EMS Information System
NFFF	National Fallen Firefighters Foundation
OEMS	Virginia Office of EMS
OMD	Operational Medical Director
OMHHE	Virginia Office of Minority Health and Health Equity
PDC	Professional Development Committee (Subcommittee of state EMS Advisory Board)
PSAP	Public Service Answering Point
PSHS	Secretary of Public Safety and Homeland Security
RC	Virginia's Regional EMS Councils
RSAP	Rescue Squad Assistance Fund
TCC	Training and Certification Committee
TSO&MC	Trauma System Oversight and Management Committee (Subcommittee of state EMS Advisory Board)
VAGEMSA	Virginia Association of Governmental EMS Administrators
VAVRS	Virginia Association of Volunteer Rescue Squads
VDEM	Virginia Department of Emergency Management
VDHP	Virginia Department of Fire Programs
VDH	Virginia Department of Health
VFCA	Virginia Fire Chiefs Association

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Appendix C (Continued)

Glossary of Commonly Used Acronyms (Cont.)

VHAC	Virginia Heart Attack Coalition
VHHA	Virginia Hospital and Healthcare Association
VPFF	Virginia Professional Firefighters
VPHIB	Virginia Pre Hospital Information Bridge
VSP	Virginia State Police
VSTR	Virginia State Trauma Registry
WDC	Workforce Development Committee (Subcommittee of state EMS Advisory Board)

Appendix D - Resources

Resources

In developing this plan several resources were used in addition to meetings and interviews with OEMS staff and many system stakeholders.

- 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 3-Year Plan: July 1, 2013-June 30, 2016
- 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

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Resources (Cont.)

- 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 – Revised 2016
- Regional EMS Council Process Action Team (PAT) Retreat Report - November 2008.
- Five-Year Strategic Plan – Federal Interagency Committee on EMS – December 2013