

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.

PURPOSE

This document provides a vision and direction for the continued development and implementation of the emergency medical services system in the Commonwealth of Virginia for the next five years and beyond. The document presents goals that are understandable, attainable and realistic for Virginia.

METHODOLOGY

In developing this plan we reviewed current legislative mandates as stipulated in the Code of Virginia and evaluated where we believe the EMS system should be in five years to meet these mandates. Current EMS knowledge, information, technology and trends were analyzed. The major EMS components for a comprehensive and effective EMS delivery system were identified. Based on our best judgement, experience and training; and the guidance of the State Commissioer of Health; the Office of EMS staff collectively developed this 5-Year Plan and believe that it sets the best course of direction for Virginia's emergency medical services system.

ASSUMPTIONS

The following assumptions are the basis for this plan:

1. An EMS system does exist in Virginia. This system includes a coordinated working relationship with hospitals, public service agencies and other providers of health care, supported by state, regional and local organizations, standards, guidelines, legislation, manpower, facilities, funding, etc.
2. The foundation of the Virginia EMS System is strong and continous medical direction of EMS providers in a diverse delivery system of volunteer, commercial and municipal agencies.
3. Although the development of an organized emergency medical services system on a statewide basis began thirty years ago, we are entering a new era of that will challenge our talents, decision-making and resources more than the last thirty years combined.

POLICY

An EMS system requires cooperation at every level, and this should be the goal of each delivery system.

1. The implementation of an EMS system and the delivery of EMS services should remain in the hands of the local community in concert with Medical Direction. There are many variables such as economics, population and geography that present unique problems in establishing and maintaining an EMS system.
2. If the system is to be of lifesaving quality and serve the health, safety and welfare of its citizens, standards for personnel training, facilities, communications, vehicles, transportation, manpower, education, clinical care, medical direction and public access must be identified and supported by an infrastructure of a state lead agency in concert with regional and local partnerships. The Office of EMS will provide leadership, regulation, coordination, direction and standard setting.

INTERGRATION WITH THE “EMS AGENDA FOR THE FUTURE”

The “EMS Agenda for the Future” is a project developed by the National Highway Traffic Safety Administration. It incorporated input from a broad, multi-disciplinary spectrum of EMS personnel from throughout the country. The document outlines a vision and objectives for the future of EMS as a resource, for EMS officials to use as a guide in planning for the future.

We believe the Agenda should be a guide and enhance the direction of EMS as applicable to Virginia. Virginia has already met many of the Agenda’s objectives. In the case of other objectives we have appropriately tailored the Agenda’s national level approach to best meet Virginia’s needs. We concur with the “Assumptions” of the “EMS Agenda For The Future” as necessary for the continued development of an EMS system. With NHTSA we believe that:

- * EMS represents the intersection of public safety, public health, and health care systems.
- * The public expects that EMS will continue.
- * EMS will continue to exist in some form.
- * EMS will continue to be diverse at the local level.
- * As a component of health care systems, EMS will be influenced significantly by their continuing evolution.
- * There currently is a lack of information regarding EMS systems and outcomes.

* It will be necessary to continue to make some EMS system-related decisions on the basis of limited information.

* The media will continue to influence the public's perception of EMS.

* Financial support for EMS systems will be, to an increasing extent, derived from unfounded or undeveloped sources.

* To make good decisions, public policy makers must be well-informed about EMS issues.

STRUCTURE

The Office of EMS 5-Year Plan covers July 1, 1997 to June 30, 1998. The Plan is divided into component areas, representing major functions performed within the Office. In each area the legislative mandate is specified by Code sections, and goals are established to meet the mandates over the Plan's period. These goals will be the basis for programmatic, budgetary and performance decisions. The Plan will be reviewed and updated annually.

Sincerely,

The Staff of the Office of Emergency Medical Services

ADMINISTRATIVE

Legislative Requirements

The Office of Emergency Medical Service (OEMS) is an organizational unit within the Virginia Department of Health. As a state agency, OEMS is authorized to administer and manage its operations through establishment of rules and regulations, guidelines and procedures, policies and procedures, setting standards and requirements, procure goods and services, establish contracts, etc., within established guidelines and procedures of the Commonwealth of Virginia as outlined in the Virginia Public Procurement Act, the Department of General Services, the Department of Planning and Budget and the Virginia Department of Health.

Goal 1:

The Office of EMS is staffed and funded commensurate with the required mandates, programs and services it provides, improving customer service, improving efficiencies, addressing system issues in a timely and proactive manner.

Goal 2:

Improve operational efficiency, increase automation capabilities and implement paperless operations where possible in all functional areas internal and external with the Office of EMS and with other state and non-state agencies.

Goal 3:

Develop a uniform grant process to assure that all grant programs operate under the same guidelines and assure accountability for all contracted funds. Fully automate and integrate all OEMS operations, i.e., grant programs, licensure, certification, administration, registries, accounting, etc.

Goal 4:

Development of an EMS Audit Function/Plan in the Administrative Unit to assure all EMS are spent appropriately, meet all state requirements and funds are utilized in the manner in which they were intended

Goal 5:

Increase efficiency of OEMS office functions, initiate cost cutting measures, institute cost recovery for production and distribution of applicable materials. Upgrade equipment to state and national standards as appropriate.

Goal 6:

Incorporate the use of patient outcomes and system performance information for consideration of resource allocation decision making through EMS programs administered by the Office of EMS.

COMMUNICATIONS

Legislative Requirements

Section 32.1-111.3, Code of Virginia

Establish a comprehensive statewide emergency medical care system, incorporating communications, and other components as integral parts of a unified system that will serve to improve the delivery of emergency medical services and thereby decrease morbidity, hospitalization, disability, and mortality;

Increase the accessibility of high quality emergency medical services to all citizens of Virginia;

Promote continuing improvement in system components including....., Communications

Goal 1:

Expand and improve EMS communications in the Commonwealth, develop a plan for the utilization of advanced technologies, new frequency spectrum resources, and commercial communications services in EMS, including system and equipment configurations; equipment and open protocol standardization; and common signalling methods.

Goal 2:

Establish and staff a communications systems development team to assist in the orderly planning, funding, licensing, implementation, management, maintenance and operation of communications systems to serve Virginia, including development of a plan for the coordination of EMS communications resources with adjoining states.

Goal 3.

Increase public accessibility to emergency services, provide public access to emergency medical (and other public safety) services by the universal number (9-1-1, including caller location and callback number) to at least 90 percent of the population, and 70 percent of the land area through wireline and wireless communications services.

Goal 4:

Develop, adapt, or adopt standards for emergency medical dispatching, and make an instructor training program and materials available to all communications centers in Virginia.

Goal 5:

Ensure that at least 70 percent of EMS pre-hospital resources are dispatched from a consolidated communications center having coordination with other services, standard operational procedures, established response plans and efficient alerting methods.

Goal 6:

Promote continuing improvement to communications system components, identify, or establish and implement interagency and interdisciplinary public safety communications systems and mechanisms for EMS agencies in all areas of Virginia.

Goal 7:

Implement a common system of communications with pre-hospital providers and other similar medical facilities in neighboring areas in at least 70 percent of the hospitals with emergency departments.

Goal 8:

Develop detailed specifications, configurations and an equipment list and pricing commitments for standard EMS communications equipment and services available to all EMS agencies.

CRITICAL CARE

Legislative Requirements

Section 32.1-111.3, Code of Virginia

To establish and maintain a process for designation of appropriate hospitals as trauma centers and specialty care centers based on an applicable national evaluation system.

All licensed hospitals which render emergency medical services shall participate in the trauma registry making available to the Commissioner or his designees abstracts of the records of all patients admitted to the institutions' trauma and general surgery services with a diagnosis related to trauma. The abstracts shall be submitted on forms provided by the Department and shall include the minimum data set prescribed by the Board.

Section 32.1-116.1, Code of Virginia

The Commissioner shall seek the advice and assistance of the Advisory Board and the Committee on Trauma of the Virginia Chapter of the American College of Surgeons in the design, implementation, subsequent revisions and analyses of the trauma registry.

Section 32.1-116.2, Code of Virginia

The Commissioner and all other persons to whom data is submitted shall keep patient information confidential. Mechanisms for protecting patient data shall be developed and continually evaluated to ascertain their effectiveness. No publication of information, research or medical data shall be made which identifies the patients by names or addresses. However, the Commissioner or his designees may utilize institutional data in order to improve the quality of and appropriate access to emergency medical services.

Section 32.1-111.15, Code of Virginia

Establishment of statewide poison control system. From such funds as may be appropriated for this purpose.....the Board of Health shall establish a statewide poison control system.....The Board shall establish poison control centers that meet national certification standards promulgated by the AAPCC.....

Goal 1:

Consolidate Spinal Cord Injury registry, Traumatic Brain Injury registry and Trauma Injury registry, formalize data point changes necessary for consolidation, acquire software that encrypts identifiers, develop policy for institutional data analysis and review by Commissioner

Goal 2:

Formalize a process for monitoring compliance of hospital reporting to the statewide consolidated registries, improve and maintain compliance within levels identified by the Commissioner of Health.

Monitor trauma patient outcomes and provide input to hospitals of patient outcomes.

Goal 3:

Anticipate changes and incorporate as appropriate standards for Trauma Center Designation , based on update by American College of Surgeons Committee on Trauma. Monitor compliance with standards and improve the quality of care rendered by participants in the trauma care system.

Goal 4:

Establish a statewide trauma triage plan in order to adequately meet the needs of the trauma population.

DISASTER COORDINATION

Legislative Requirements

Title 44 Section 146.18 and 44-146.21, Code of Virginia, Emergency Services and Disaster Laws of 1973, as amended

Title 44, Code of Virginia, assigns the Department of Emergency Services (DES) the responsibility and authority for coordinating disaster response in the Commonwealth and tasks state agencies to support DES. The Commonwealth of Virginia Emergency Operations Plan - an executive order of the Governor - translates the code into specific tasking to each agency:

- 1) conduct emergency operations
- 2) plan for emergencies
- 3) train Department personnel for emergency response.

The Commonwealth of Virginia Emergency Operations Plan assigns the Department of Health lead responsibility for health and medical disaster operations. The Commissioner of Health under authority of the Plan has assigned the Office of Emergency Medical Services responsibility for direction of disaster response.

Goal 1:

Fully integrate federal and state emergency medical response planning for Emergency Support Function 8, including prehospital, hospital and fatality management responsibilities.

Goal 2:

Fully automate real time incident planning by introducing automated planning products, developing procedures and databases for emergency operations, and linking planning products to databases.

Goal 3:

Assure that the OEMS Emergency Support Center (ESC) is the most capable Emergency Operations Center (EOC) in the Commonwealth. Develop the capability for remote linking by senior staff, providing a virtual EOC. Develop a mobile command post. Upgrade survivability and the capability for sustained operations under severe conditions.

Goal 4:

Achieve a fully trained Health and Medical Emergency Response Team(HMERT) adequately staffed to operate the ESC and with the capability to deploy support teams with communications to staging areas in emergencies.

Goal 5:

Train and make operational EMS Task Forces throughout the Commonwealth Achieve at least one operational Task Force in each EMS region and/or sub-region. At least one Virginia Task Force will have deployed out of state under the Emergency Management Assistance Compact.

Goal 6:

Identify and negotiate agreements for staging areas to support Task Force Operations in each EMS region and/or sub-region.

Goal 7:

Manage and provide standardized disaster related training to Virginia's pre-hospital care providers to promote the ability of resources to work effectively together anywhere in the Commonwealth.

Goal 8:

Increase citizen readiness to provide first aid in a disaster. Initiate disaster first aid course training in the Commonwealth Provide public education that will facilitate operations and reduce citizen dependence on government in the initial stages of a disaster.

EDUCATION AND RESEARCH

Legislative Requirements

Section 32.1-111.3, Code of Virginia

Promote continuing improvements in system components including consumer health information and education and health and manpower training.

To improve the quality of emergency care delivered on site, in transit, in hospital emergency departments and within the hospital environment;

To conduct, promote and encourage programs of education and training designed to upgrade the knowledge and skills of health manpower involved in emergency medical services;

Goal 1:

Encourage providers and agencies in the state to participate in practitioner based, scholarly research activities. Fully implement OEMS “Scholars in Residence” program. Provide published abstracts for faculty presentations at the annual Virginia EMS Symposium.

Goal 2:

Supplement management and leadership training for EMS providers and their officers.

Goal 3:

Identify a list of rural and urban EMS issues in Virginia, form cooperative partnerships with academic institutions, hospitals, Operational Medical Directors and others for evaluation and research.

EMS SYSTEM COORDINATION

Legislative Requirements

Section 32.1-111.3, Code of Virginia

The Board of Health shall develop a comprehensive, coordinated emergency medical care system in the Commonwealthincorporating facilities, transportation, manpower, communication, and other components as integral parts of a unified system.....work with medical societies, hospitals and other public and private agencies.....

Goal 1:

Improve access to information for Regional EMS Councils for technician records, agency information, complaint/grievance procedures, etc.through direct linkage to the Office of EMS database via the Internet.

Goal 2:

Promote a statewide collaborative approach to the effective organization and use of EMS providers, agencies, facilities, equipment and financial resources.

Goal 3:

Provide an environment that attracts and supports outstanding health care providers and agencies dedicated to achieving excellence in patient care, research, and education related to EMS.

Goal 4:

Establish an environment for automation and linkage of licensed EMS agencies, Operational Medical Directors, regional councils, and other system components in Virginia to electronically communicate and transfer information with the Office of Emergency Medical Services.

EMS SYSTEM EVALUATION

Legislative Requirements

Section 32.1-111.3, Code of Virginia

All licensed emergency medical services agencies shall participate in the prehospital patient care reporting procedure by making available to the Commissioner or his designees the minimum data set on forms prescribed by the Board or locally developed forms which contain equivalent information. The minimum data set shall include, but not be limited to, type of medical emergency or nature of the call, the response time, the treatment provided and other items as prescribed by the Board.

Section 32.1-116.1, Code of Virginia

The Commissioner may delegate the responsibility for collection of this data to the Regional Emergency Medical Services Councils, Department of Health personnel or individuals under contract to the Department. The Advisory Board shall assist in the design, implementation, subsequent revisions and analyses of the data of the prehospital patient care reporting procedures.

Section 32.1-116.2, Code of Virginia

The Commissioner and all other persons to whom data is submitted shall keep patient information confidential. Mechanisms for protecting patient data shall be developed and continually evaluated to ascertain their effectiveness. No publication of information, research or medical data shall be made which identifies the patients by names or addresses. However, the Commissioner or his designees may utilize institutional data in order to improve the quality of and appropriate access to emergency medical services.

Goal 1:

Fully automate PPCR form and data collection process. Work with Evaluation Committee to finalize minimum data set. Develop Policies and Procedures governing the automation of the PPCR form and data collection process

Goal 2:

Improve submission of minimum data set by EMS agencies to obtain 100% compliance. Collect minimum data set, summarize data, and produce quarterly reports for data analysis

Goal 3:

Develop policy for institutional data analysis. Exclude patient identifying information from PPCR minimum data set

Goal 4:

Develop and maintain a database of EMS resources for annual statistical profiles including equipment, personnel, clinical data and funding .

Goal 5:

Assure new technologies and therapeutic approaches are scientifically and rapidly evaluated prior to or at the initiation of their use.

Goal 6:

Monitor the impact of managed care/health reform on the transportation of patients.

Goal 7:

Conduct regular needs assessments across the state to identify numbers and types of care providers and services needed. Develop appropriate strategies to address issues.

EMS SYSTEM FINANCE

Legislative Requirements

Section 46.2-694, Code of Virginia

An additional fee of two dollars per year shall be charged and collected at the time of registration of each pickup or panel truck and each motor vehicle in the Commonwealth. All funds collected pursuant to this subdivision shall be paid into the state treasury and shall be set aside as a special fund to be used only for emergency medical services purposes.

Goal 1:

Improve and expand EMS programs and operations, identify system priorities, develop a Funding Plan to increase funding sources through public and private initiatives above and beyond the current TWO-FOR-LIFE program.

Goal 2:

Work proactively with Health care organizations, Health care cost review commissions, and insurance providers to establish and ensure equitable reimbursement for emergency care.

Goal 3:

Survey the operating and capital costs and the revenue streams associated with pre-hospital EMS provision throughout the state.

Goal 4:

Review the cost effectiveness of EMS expenditures periodically and report the findings to the EMS Advisory Board.

Goal 5:

LEGISLATION AND REGULATION

Legislative Requirements

Section 32.1-111.3 through 32.1-111.12, Code of Virginia

Goal 1:

Development and implementation of Rules and Regulations Governing Regional EMS Councils that identifies the designation process, performance based standards, match requirements, and scope of service.

Goal 2:

Review and revise all existing Rules and Regulations, Procedures and Guidelines for emergency medical services to ensure the development of appropriate standards, oversight and protection of the public's health, and the availability and accessibility of a quality and comprehensive EMS system in Virginia.

Goal 3:

Review all National EMS protocols and regulations to ensure Virginia remains current and does not become stagnant. Meet with other State/Federal agencies which regulate any aspect of EMS to assure that all applicable requirements, standards, etc. are followed. Provide regular updates/changes to EMS related laws in Virginia

LICENSURE & CERTIFICATION

Legislative Requirements

Section 32.1-111.3 - 32.1-111.9, Code of Virginia

Coordination/Administration:

Coordinating and administering a statewide emergency medical services program for the regulation, inspection, licensing, permitting, and certification of the state's EMS agencies, vehicles and personnel.

- A.1. Comprehensive statewide emergency care system, incorporating facilities, transportation, manpower, communications, and other components. (Resource inventory, statistical profiles, level of care).
- A.3. Increase the accessibility of high quality EMS to all citizens of VA. (Placement and location of EMS assets).
- A.4. Promote continuing improvement in system components including ground, water and air transportation. (Plan for renovation, replacement and renewal of EMS vehicles statewide).
- A.5. Improve the quality of emergency medical care delivered on site, in transit (Establish and ensure compliance with minimum equipment, supply, staffing, and safety standards for EMS agencies and vehicles).
- A.6. Establish a statewide air medical evacuation system which shall be developed by the VDH in coordination with the Department of State Police and other appropriate state agencies. (Review and revise State Medevac Plan, Medevac Standards, incorporate contingency plan).

Section 32.1-111.4, Code of Virginia

Regulations, emergency medical services personnel and vehicles:

- A.1. Requirements for record keeping, supplies, operating procedures and other agency operations.
- A.2. Requirements for the sanitation and maintenance of emergency medical service vehicles and their medical supplies and equipment.
- B. Board of Health (BOH) shall classify agencies and EMS vehicles by type of service and shall specify the medical equipment, the supplies, the vehicle specifications and the personnel required for each classification.
- C. BOH shall consider the current Minimal Equipment List for Ambulances adopted by the Committee on Trauma of the American College of Surgeons.

Section 32.1-111.5, Code of Virginia

Certification of EMS personnel:

- A. BOH shall prescribe by regulation the qualifications required for certification of

- emergency medical care attendants.
- B. Each person desiring certification as emergency medical services personnel shall apply to the Commission upon a form prescribed by the Board.
 - C. Commissioner may issue a temporary certificate when he finds that it is in the public interest. Temporary certificate shall be valid for a period not exceeding ninety (90) days.

Section 32.1-111.6, Code of Virginia

Permits; agency; emergency medical services vehicles:

- A. Valid permit issued by Commissioner for agency and each EMS vehicle operated by agency required.
- B. Original and renewal permit for agency and vehicles issued if requirements set forth in regulations are met. Application on forms and according to procedures established by the Board.
- C. Commissioner may issue temporary permits for agencies or EMS vehicles not meeting required standards, valid for a period not to exceed sixty (60) days, when the public interest will be served.

Section 32.1-111.7, Code of Virginia

Inspections:

Each agency and EMS vehicle inspected as often as Commissioner deems necessary and a record thereof shall be maintained. Agency, vehicle, medical supplies and equipment, records of maintenance and operation shall be available at all reasonable times for inspection.

Section 32.1-111.8, Code of Virginia

Revocation and suspension of permits:

Power to revoke or suspend agency's permit and the permits of all EMS vehicles owned or operated by the agency for violation of any provision of this article or any applicable regulation.

Section 32.1-111.9, Code of Virginia

Applications for variances and exemptions:

Application for a variance submitted by volunteer rescue squad reviewed by

Commissioner of Health. Application for exemption submitted to Board of Health. Application shall be reviewed by the governing body of the jurisdiction in which the principal office of the volunteer rescue squad is located. Recommendation of the governing body submitted with the application. Without compelling reasons to the contrary, Commissioner or Board shall adopt recommendation for the purposes of granting or denying the variance or exemption.

Goal 1:

Continue improvements in management of information collected during agency inspections and develop statistical profiles for agencies, regional councils, local governments and other health care system components.

Goal 2:

Develop and promote model ordinances for use by local governments in implementing EMS to identify key components which need to be addressed by localities in order to ensure EMS is available, accessible and affordable. Encourage partnering between localities of similar size and demographics to develop ordinances where needed.

Goal 3:

Access changes in delivery of EMS due to Health care Reform, assess fundamental changes in financing due to managed care, define and extend scope of practice (expanded by use of prehospital personnel), define relationship between all medical service providers in the system, develop TQM or CQI programs to promote cost-managing/quality improvement. TQM/CQI will require more data collection than is typically done in EMS.

Goal 4:

Develop a plan for the consolidated purchasing of EMS equipment, supplies, and vehicles; review Hospital Consortium contract maintained by the Department of General Services; identify means to extend usage of contracts to volunteer rescue squads, cities, counties and towns, and commercial services; develop contracts for equipment and supplies not already covered.

Goal 5:

Improve increased medical sophistication of emergency medical services; keep pace and monitor use of equipment and techniques; incorporate in rules, regulations, guidelines and procedures as

appropriate.

Goal 6:

Develop and implement methods for EMS providers to perform their duties more safely. Evaluate incidence of accidents involving emergency vehicles. Annually, review DMV records concerning accidents involving emergency vehicles, develop formalized reporting system with Regional councils to document incidents involving emergency medical service vehicles, prepare reports summarizing data from accidents involving emergency vehicles.

Goal 7:

Establish standards for the appropriate level of personnel and equipment required for the transfer of patients between facilities. Develop the appropriate scope of practice for care-givers in the inter-facility transport environment.

Goal 8:

Establish and clarify in regulations, lines of authority, responsibility and accountability, and qualifications, including job descriptions, of emergency medical services personnel.

Goal 9:

Develop standards, requirements, and criteria for all state EMS examination sites, update EMS Certification Examiner manual, collect and consolidate all certification examination policies and procedures, publicize test dates and locations for all examinations held in Virginia at least six months in advance of scheduled dates.

Goal 10:

Ensure continued improvement of transportation for emergency, critically ill, and critically injured patients.

MEDICAL DIRECTION

Legislative Requirements

Rules and Regulations Governing Emergency Medical Services require that each licensed BLS and ALS agency shall have an Operational Medical Director. The individual must be a licensed physician in the Commonwealth of Virginia and approved by either the local Medical Society or the Regional EMS Council. Authority has also been granted by the Virginia General Assembly through revision of Section 32.1-111.5, Code of Virginia, the authority to exempt qualified agency members from the requirement to take the state written recertification examination.

Goal 1:

Establish a Operational Medical Director's (OMD) Training Program, provided on a regional basis to all medical directors. The guidelines and training for this shall be developed under the direction of the Medical Control Committee.

Goal 2:

Development of an educational training program medical directors and others (ie. nursing personnel) who daily assume the role of providing on-line medical direction.

Goal 3:

Physicians who provide medical direction for EMS agencies should be compensated in some manner to assure commitment to the role of the Operational Medical Director.

Goal 4:

Recruitment and retention programs shall be developed, established and provided to assure access and continuation to medical direction services to all EMS agencies and providers in the Commonwealth.

Goal 5:

Develop and implement standard practice protocols for the Intermediate and Paramedic certification programs.

**PUBLIC INFORMATION, RECRUITMENT
AND RETENTION**

Legislative Requirements

Section 32.1-111.3, Code of Virginia

Promote continuing improvements in system components including ... consumer health information and education and health and manpower training.

Section 32.1-151, Code of Virginia

The Board of Health shall prescribe by regulation procedures, including requirements for forms, to authorize qualified emergency medical services personnel to follow Emergency Medical Services Do Not Resuscitate Orders pursuant to Section 54.1-2987.1, Code of Virginia. OEMS is administering VDH's DNR regulations by providing appropriate forms to doctors/health care facilities, advising EMS providers about the regulations/protocols and informing the general public about EMS DNR availability and provisions.

Section 46.2-694, Code of Virginia

Funds shall be distributed to the State Department of Health (Office of Emergency Medical Services) to support ... recruitment and retention programs including public awareness campaigns, technical assistance programs and similar activities.

1997 Budget Bill, Item 312

Out of this appropriation \$100,000 shall be provided for a public awareness campaign on volunteerism for the Emergency Medical Services program.

Goal 1:

Increase public awareness of EMS programs and services to improve community health through prevention, early identification and treatment. Collaborate with other public/private resources and agencies to determine public information and education needs.

Goal 2:

Operate an efficient Recruitment and Retention Mini-Grant Program and EMS Referral Process and increase the number of EMS providers through Recruitment and Retention Programs

Goal 3:

Increase public/provider awareness of EMS volunteer recruitment programs by initiating new communications materials and campaigns.

Goal 4:

Expand EMS's role in injury prevention, coordinate activities with DMV, VDH and other agency injury prevention programs identified. Advocate and support legislation that results in injury and illness prevention.

Goal 5:

Initiate new public information activities to inform the public of EMS issues, opportunities and information. Incorporate state-of-the-art communications tools to disperse.

Goal 6:

Develop Do Not Resuscitate public education/media campaign to educate the general public, EMS providers, health care facilities, physicians and attorneys about the DNR program. Increase the accessibility of information by using the OEMS web page and by E-mailing information directly to volunteer EMS administrators.

Goal 7:

Conduct surveys and focus groups to assess the public and the EMS community's knowledge and opinion about EMS issues to help plan future programs

REGIONAL EMS COUNCILS

Legislative Requirements

Section 32.1-111.11, Code of Virginia

The Board of Health shall designate regional emergency medical services councils ... which shall be charged with the development and implementation of an efficient and effective regional emergency services delivery system ... the Board shall promulgate, in cooperation with the State EMS Advisory Board, regulations to implement this section, which shall include, but not be limited to, requirements to ensure accountability for public funds, criteria for matching funds, and performance standards.

Goal 1:

Designation of a system of regional EMS councils whose service areas are updated and reflective of patient flow patterns and medical control.

Goal 2:

To identify appropriate sources of funding for regional EMS councils to adequately meet performance standards and the needs of their designated service area.

Goal 3:

Promote a statewide collaborative approach of regional ems councils for the development and implementation of an efficient and effective delivery system of EMS providers, agencies, facilities, equipment and resources.

Goal 4:

To integrate the regional EMS councils as full partners with the Office of EMS as integral parts of the Virginia EMS system, and serve to assess, identify, coordinate, plan and implement efficient and effective regional EMS delivery systems statewide.

RESCUE SQUAD ASSISTANCE FUND PROGRAM

Legislative Responsibilities

Section 32.1-111.12 and 32.1-114.1, Code of Virginia

Administer the Rescue Squad Assistance Fund (RSAF) for the purpose of providing financial assistance to rescue squads and other emergency medical services organizations to purchase equipment required to provide pre-hospital emergency medical treatment to Virginia's citizens.

Goal 1:

Increase availability and accessibility of the Rescue Squad Assistance Fund (RSAF) program by fully automating the application process and allow the submission of grant applications by way of the INTERNET, computer disc or modem. A User's Manual, application, rules and regulations, etc. will be available with above computerized application program.

Goal 2:

Increase the accuracy of information on RSAF Applications through the production and distribution of instructional videos, Procedures and Guideline Manuals, etc. and make it available to each grant applicant to use when completing their application.

Goal 3:

Enhance the Financial Assistance Review Committee's (FARC) ability to better evaluate grant requests through linkages and download (from OEMS database) of agency equipment inventories, personnel statistics, and other data deemed appropriate for review.

Goal 4:

Development of a used equipment tracking system to recommend redistribution of used equipment that was replaced by new equipment funded through RSAF to assure the most appropriate utilization and effectiveness of the RSAF program. Information on available used equipment will be provided on the OEMS Home Page on the internet.

Goal 5:

Acquire low cost equipment purchasing options for RSAF grant recipients through the establishment of bulk purchasing agreements for ambulances, defibrillators, communications equipment and other equipment identified by the FARC.

Goal 6:

Enhance the RSAF Equipment and Vehicle Quality Assurance program. Verify every two years, during agency inspections, all ambulances and other equipment funded through RSAF, by tracking awards by serial number on a database that is linked to the OEMS Program

Representatives' database.

Goal 7:

Establish a RSAF Funding Plan that identifies priorities for funding. The Plan shall be reviewed annually. This Plan shall incorporate priorities as established in Regional EMS Council Plans and the State EMS Plan. Consideration shall also include the possibility of setting aside a pre-determined amount of the funds for specific projects (i.e. computers to assist with record keeping, RSAF grant applications, PPCR data tracking, etc.); priorities will be published in advance; and the coordination with Standing Committees of the State EMS Advisory Board to consider identified priorities within the respective EMS component areas.

TRAINING

Legislative Requirements

Section 32.1-111.3, Code of Virginia

The Board of Health shall have the authority and responsibility to develop a comprehensive, coordinated, emergency medical care system in the Commonwealth and to prepare a Statewide Emergency Medical Services Plan, which shall incorporate, but not be limited to, the plans prepared by the regional emergency medical services councils. The Board shall review such plan triennially and make such revisions as necessary. The objectives of such plan and the system shall include but not be limited to, the following:

To improve the quality of emergency care delivered on site, in transit, in hospital emergency departments and within the hospital environment;

To conduct, promote and encourage programs of education and training designed to upgrade the knowledge and skills of health manpower involved in emergency medical services;

Goal 1:

Improve the quality and standardization of EMS training programs through increased monitoring of instructors, implementation of a certification program for ALS coordinators, and achieving national accreditation for all paramedic training programs in the commonwealth.

Goal 2:

Identify, develop, and implement alternative methods of achieving continuing education through the use of the Internet, CD rom, satellite and other interactive programs.

Goal 3:

Adopt and implement the National Standard Intermediate Curriculum in accordance with the “National EMS Education and Practice Blueprint”.

Goal 4:

Implement a cyclical review of all training regulations and curricula.