Virginia Department of Health

Office of Emergency Medical Services

Quarterly Report to the

State EMS Advisory Board

November 8, 2017

Executive Management, Administration & Finance

Office of Emergency Medical Services
Report to The
State EMS Advisory Board
November 8, 2017

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 8, 2017

At the time of finishing this report there is one action item from a Standing Committee:

Motion of Proposed Slate of Nominations for 2017 through 2018 from the Nominating Committee to the State EMS Advisory Board:

I. Chairman – Gary P. Critzer

II. Vice Chair – Christopher Parker

a) Administrative Coordinator — Jon Henschel

- Rules and Regulations Committee — Jon Henschel
- Legislative & Planning Committee — Chris Parker

b) Infrastructure Coordinator — Dreama Chandler

- Transportation Committee — Chip Decker
- Communications Committee — John Korman
- Emergency Management Committee — Lori Knowles

c) Patient Care Coordinator — Michael B. Aboutanos, M.D

- Medical Direction Committee — Lisa M. Dodd, M.D.
- Medevac Committee — Jason Ferguson
- Trauma System Oversight & Mgt. Committee — Michael B. Aboutanos, M.D.
- EMS for Children Committee — Samuel T. Bartle, M.D.

d) Professional Development Coordinator — Ron Passmore

- Training & Certification Committee — Ron Passmore
- Workforce Development Committee — Jose Salazar
- Provider Health & Safety Committee — Dan Wildman

The Executive Committee:

Chair – Gary Critzer

Vice Chair – Christopher Parker

Four Coordinators:

Administrative Coordinator – Jon Henschel

Infrastructure Coordinator – Dreama Chandler

Patient Care Coordinator – Michael B. Aboutanos, M.D.

Professional Development Coordinator – Ron Passmore

b) Governor McAuliffe Announces Administration Appointments

Secretariat of the Commonwealth Board Appointments Emergency Medical Services Advisory Board

- **Samuel T. Bartle, MD*** of Richmond, Assitant Professor, Pediatric Emergency Medicine, Virginia Commonwealth University

- **Dreama Chandler*** of Rural Retreat, MedCom II, Roanoke Memorial Emergency Department

- **Jason D. Ferguson*** of Daleville, Battalion Chief, Botetourt County Department of Fire & EMS

- **R. Jason Ferguson, MA, NRP** of Lynchburg, Assistant Professor, Public Safety Programs Head, Central Virginia Community College

- **Julia A. Marsden*** of Burke, former Vice President of Sales and Marketing for the Washington, DC division of Balmar Printing and Graphics

- **Chris Parker, BSN, RN, CFRN, CEN, NRP*** of Lynchburg, Faculty, Central Virginia Community College; Flight Nurse – Centra One

- **Jethro H. Piland, III MPA, NRP** of Mechanicsville, Chief, Hanover Fire Emergency Medical Services

- **Valerie Quick, MSN, RN, EMT-I, NCEE** of Scottsville, Prehospital Program Coordinator, University of Virginia Health System

- **Charlotte Tyson, MHA BSN, FACHE** of Salem, Chief Operating Officer - LewisGale Regional Health System

*denotes reappointment

c) EMS Agenda 2050 Solicits Feedback on Straw Man Document

Members of the emergency medical services (EMS) community, their partners in public safety and healthcare, and the general public are encouraged to provide input on the EMS Agenda 2050 Straw Man Document. The EMS Agenda 2050 team has received great input from the EMS community over the last several months. With the release of a Straw Man document, the project is taking a big step toward turning those ideas into a cohesive vision that will guide the nation's EMS systems over the next three decades.

In 2050, EMS systems are people-centered. In people-centered EMS systems processes, protocols, technology, policies and practices, are designed to provide the best possible outcome for individuals and communities, day-to-day and during disasters. EMS is a versatile, mobile, community healthcare resource. It serves as the front line of the healthcare system and plays a core role in supporting the well-being of members of the community through data-driven, population oriented, evidence-based, and safe approaches to prevention, response and clinical care. EMS organizations collaborate with their community partners and have access to the resources they need, including up-to-date data technology and a highly trained, healthy workforce.

The Straw Man document may differ from what many members of the EMS community are used to seeing as part of national projects. The Straw Man is not a draft of EMS Agenda 2050; in fact, the final EMS Agenda 2050 will likely look much different. Rather, this document is a way of presenting some of the ideas currently being considered by the EMS Agenda 2050 Technical Expert Panel (TEP) - ideas that came from hundreds of people through a formal request for information, informal conversations, conference town hall meetings and EMSAgenda2050.org.

The concept of a Straw Man is to hold ideas and concepts up and allow you to absorb, discuss, and expand them. There may be ideas that seem impossible, or others that appear extreme. The goal of the Straw Man is to stretch your thinking and to solicit thoughtful-even passionate-responses.

In the Straw Man, the panel has proposed a vision for EMS in the United States that is people-centered, with six guiding principles (Integrated and seamless, Socially equitable, Inherently safe, Sustainable and efficient, Reliable and prepared, and Adaptable and innovative) to help achieve that goal. The document also includes many of the specific recommendations made by community members - their inclusion in the Straw Man does not signify a decision to endorse them in the final EMS Agenda 2050. Instead, the TEP is asking you to consider the proposals and give your feedback. How would you expand on them? What's missing that needs to be part of the vision? Will the guiding principles steer the profession in the right direction?

Whether you're able to attend one of the upcoming regional meetings (Minneapolis, Los Angeles an Dallas), participate in a town hall session at a conference, join an upcoming webinar or submit your thoughts through EMSAgenda2050.org, contributions to this effort from a diverse group of stakeholders are critical to ensuring its success. A number of individuals representing the EMS system in Virginia attended the first regional meeting held in Silver Spring, MD on Monday, September 25. Warren Short, Tim Perkins and Scott Winston attended the first regional meeting representing the Virginia Department of Health, Office of EMS. The Technical Expert Panel welcomes comments throughout the process, as they will be working to create EMS Agenda 2050.

Read the Straw Man and share your dreams for the future of EMS.

d) 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 quarter (2Q) 2017 EVENT summary reports 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 2017 under the "Download Our Summary Reports' located on the left side of each reporting form page. Or simply click on the links below.

2Q2017 Patient Safety Summary Report:

http://event.clirems.org/Portals/4/PSE%20Reports/2017/2Q2017%20EVENT%20PSE%20Summary.pdf?ver=2017-08-04-192936-810

1Q2017 Practitioner Near Miss Summary Report: (2Q 2017 not available)

http://event.clirems.org/Portals/4/Near%20Miss%20Reports/2017/1Q2017%20EVENT%20NME%20Summary.pdf?ver=2017-04-09-150031-273

2Q2017 EMS Provider Violence Summary Report:

http://event.clirems.org/Portals/4/Violence%20Reports/2017/2Q2017%20EVENT%20PVE%20Summary.pdf?ver=2017-08-04-193359-587

The calendar year 2016 EVENT Summary Reports are available for download.
Here are links for the Calendar Year 2016 summary reports:

- CY16 Patient Safety (safety issues of patients)
- CY16 Near Miss (safety issues of practitioners)
- CY16 Violence (violence against paramedics)

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.

NEW CHANGES IN EVENT FOR 2017:

The reporting tools for EVENT have been modified for 2017. They have been made Community Paramedic friendly through the addition of options that include choosing the Community Paramedic as a role, by adding an option for the root cause being "another healthcare provider" or other changes.

We have also added a new tool for anonymously reporting a Paramedic Suicide Attempt whether the attempt was your own or someone you know. The anonymous suicide reporting tool is for use in the United States, Canada, the UK, and Australasia. For more information about the Paramedic Suicide Attempt Reporting Tool or to report a suicide attempt visit the EVENT web site at http://event.clirems.org/Suicide-Event.

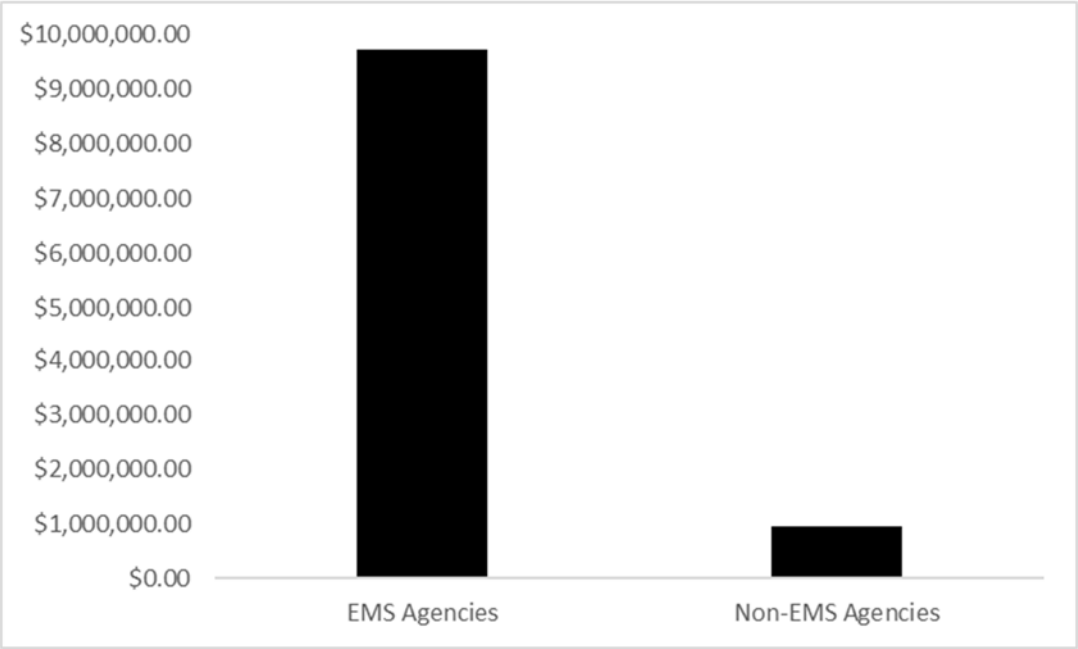
e) Financial Assistance for Emergency Medical Services (FAEMS) Grant Program, known as the Rescue Squad Assistance Fund (RSAF)

The RSAF grant deadline for the Fall grant cycle was September 15, 2017. OEMS received 111 grant applications requesting $10,687,579.00 in funding.

Funding amounts are being requested in the following agency categories:

- 97 EMS Agencies requesting $9,715,609.00
- 14 Non EMS Agency requesting $971,970.00

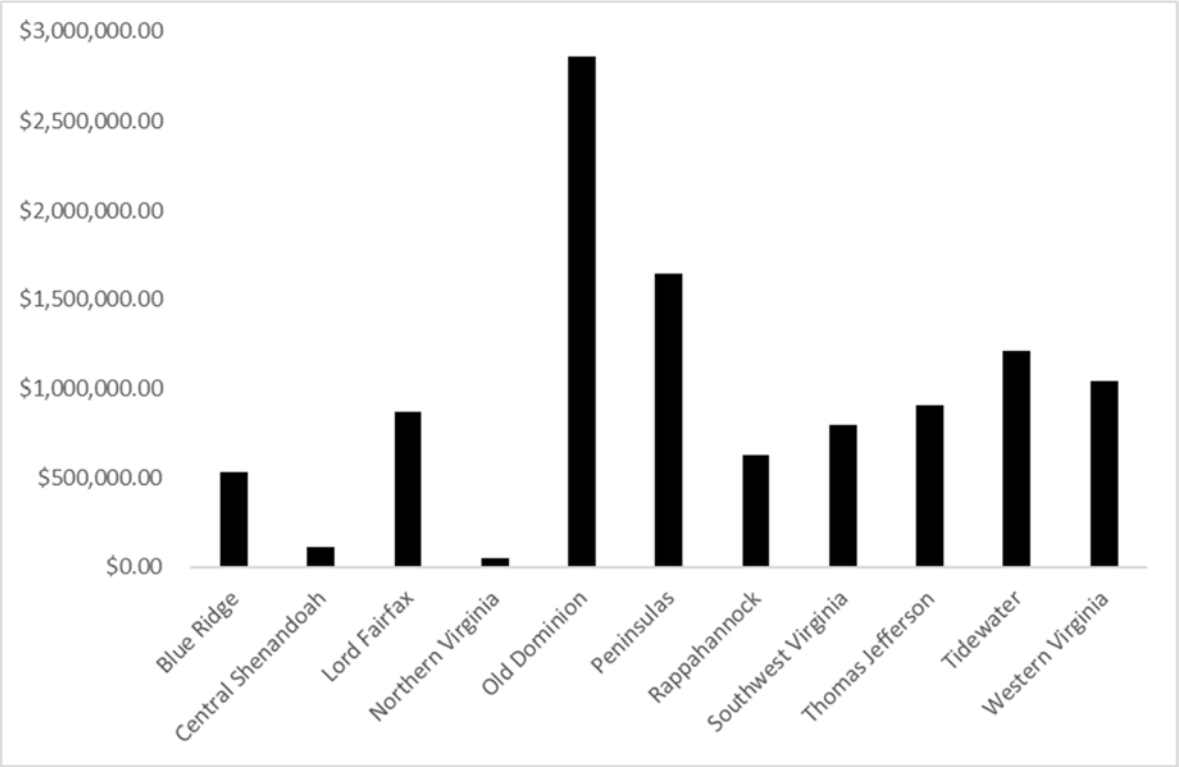
Figure 1: Agency Category by Amount Requested



Funding amounts are being requested in the following regional areas:

- Blue Ridge – Requesting funding of $534,546.00
- Central Shenandoah – Requesting funding of $105,479.00
- Lord Fairfax – Requesting funding of $874,552.00
- Northern Virginia – Requesting funding of $51,587.00
- Old Dominion – Requesting funding of $2,863,112.00
- Peninsulas – Requesting funding of $1,640,280.00
- Rappahannock – Requesting funding of $632,211.00
- Southwestern Virginia – Requesting funding of $797,590.00
- Thomas Jefferson – Requesting funding of $911,633.00
- Tidewater – Requesting funding of $1,208,618.00
- Western Virginia – Requesting funding of $1,037,972.00

Figure 2: Regional Area by Amount Requested



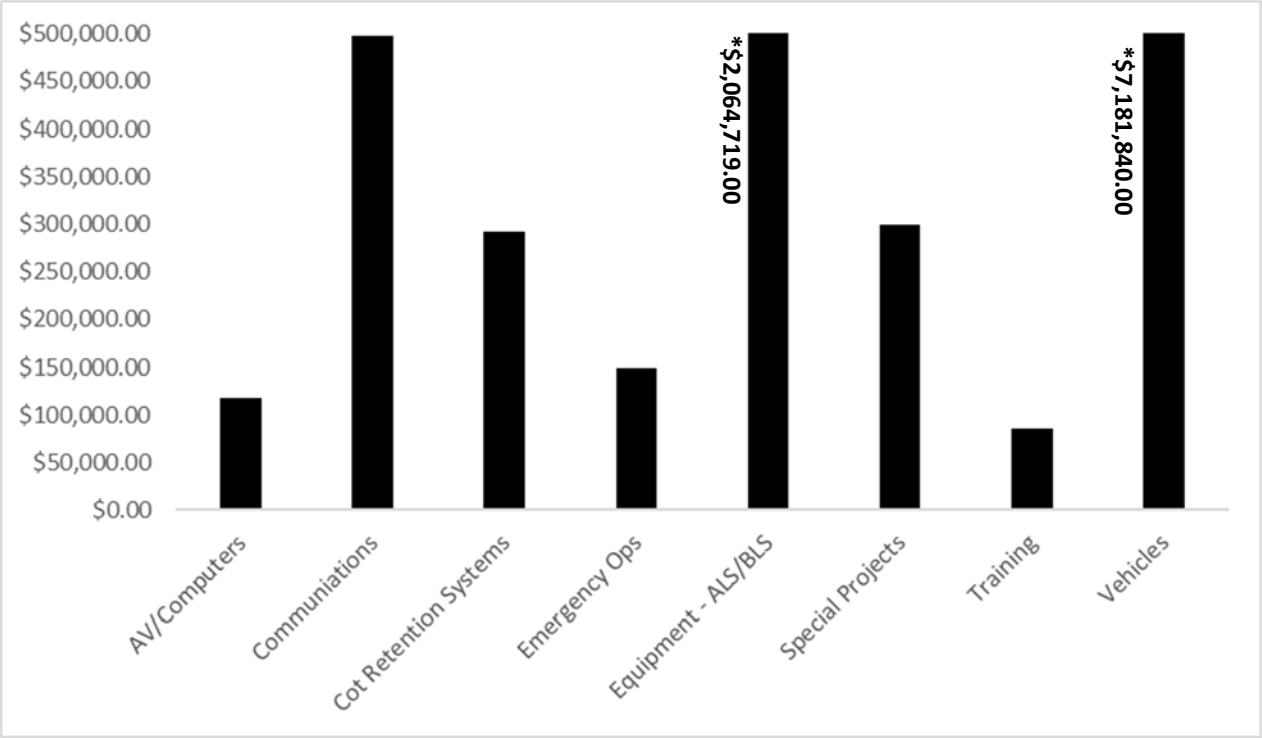
*Note: Requested funding in the amount of $30,000.00 from a non-affiliated agency is not represented in Figure 2.

Funding amounts are being requested for the following items:

- Audio Visual/Computer Hardware - $117,816.51
    - Includes projectors, computer hardware/software, toughbooks, and other audio visual equipment.
- Communications - $497,269.92
    - Includes items for mobile/portable radios, pagers, towers, repeaters and other communications system technology.
- Cot Retention Systems - $291,781.69
    - Includes all cot retention systems, cot conversion systems and equipment needed to install the systems, not including power cots.

- Emergency Operations - $148,220.58
    - 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 - $2,064,719.21
    - Includes any medical care equipment for sustaining life, airway management, and supplies, including 12-Lead Defibrillators.
- Special Projects - $299,772.32
    - Includes projects such as Emergency Medical Dispatch (EMD), Virginia Pre-Hospital Information Bridge (VPHIB) projects, Recruitment and Retention, special events and other innovative programs.
- Training - $86,160.13
    - 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 - $7,181,839.64
    - 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 $500,000.00 to visually display other items requested. The following categories have higher request amounts which have been noted on the graph: EQUIPMENT-ALS/BLS and VEHICLES.

The RSAF Awards Meeting will be held on December 8, 2017 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, 2018, the next RSAF grant cycle will open on February 1, 2018 and the deadline will be March 15, 2018.

Special Initiative Grants

Enrollment Costs for Initial EMS Certification

The Virginia Office of Emergency Medical Services (OEMS) awarded a NO MATCH grant funding opportunity on August 11, 2017 that was available to reimburse non-profit EMS agencies for enrollment costs for initial EMS certification programs. The funding is for programs that start on or after July 1, 2017 and before December 31, 2017 and is based on the OEMS pricing structure. OEMS awarded 31 agencies funding in the amount of $939,608.00 for the following courses:

- Emergency Medical Responder courses in the amount of $1,836.00
- Emergency Medical Technician courses in the amount of $191,556.00

- Advanced Emergency Medical Technician course in the amount of $25,704.00
- Intermediate courses in the amount of $130,952.00
- Paramedic courses in the amount of $571,200.00
- RN to Paramedic in the amount of $18,360.00

Nasal Naloxone for EMS Agencies

The Virginia Office of Emergency Medical Services (OEMS) awarded a NO COST grant opportunity on September 29, 2017 to licensed EMS agencies for nasal naloxone to be administered by EMS personnel. OEMS provided 1600 nasal naloxone kits to 47 EMS agencies based on two kits per OEMS permitted vehicle. This grant opportunity has been extended until February 28, 2018 to licensed EMS agencies, all information is available on the OEMS website at http://www.vdh.virginia.gov/emergency-medical-services/administration-finance/rsaf-grants-program/ .

EMS on the National Scene

II. EMS On the National Scene

National Association of State EMS Officials (NASEMSO)

Note: The Virginia Office of EMS is an active participant in the NASEMSO and has leadership roles on the Board of Directors and in each NASEMSO Council. The National Association of State EMS Officials is the leading national organization for EMS, a respected voice for national EMS policy with comprehensive concern and commitment for the development of effective, integrated, community-based universal and consistent EMS systems. Its members are the leaders of their state and territory EMS systems.

Update on NASEMSO Projects and Activities

a) Fatigue in EMS

The team is heading down the home stretch with final evidence tables, guidelines, and performance measures expected online in the fall. Next up: experimental study on the effect of a fatigue management program on an EMS agency AND a free scheduling tool based on a biomathematical model of fatigue for EMS personnel!

b) National EMS Scope of Practice Model Revision

The Expert Panel continues to meet via teleconference to discuss revisions to the Model. Two recommendations for immediate changes to the *Scope Model* on the use of naloxone and hemorrhage control measures by all EMS responder levels have been transmitted to NHTSA. Much of the front narrative has been revised and an open national engagement period that launched on August 5, 2017 will conclude on October 7. The next revision and national engagement period is anticipated in December 2017.

c) NASEMSO's CP/MIH

NASEMSO's CP/MIH webpage now features hot buttons to take you to the latest news and articles on community paramedicine and mobile integrated healthcare. Another button takes you to our ever-maturing state-by-state CP/MIH status board where you may find current happenings in those states that have supplied information, including links to draft or final legislative and regulatory language on the subject. These samples may save state officials hours of crafting time!

d) Ebola and Special Pathogens Patient Transport

The assessment survey of each state's capacity and capability for the ground transportation of patients with suspect or confirmed High Consequence Infectious Diseases (HCID) has been completed. The analysis of the assessment and documentation of findings is currently underway. The report is expected to be released February 2018. A focus group will be held at the NASEMSO Fall meeting to review the transport plan template and exercises. The focus group will be open to anyone in attendance at the meeting.

e) NCBP

The states of Florida and Rhode Island have become part of the National Collaborative for Bio-preparedness (NCBP) with fully executed Data Use Agreements. With input from collaborative members, the opioid analytic dashboard has been enhanced to include quantitative analysis of naloxone administration.

f) National Model EMS Clinical Guidelines

The NASEMSO Medical Directors Council led a team of physicians from collaborating organizations to produce **Version 2** of the **Model EMS Clinical Guidelines**. Version 2 contains 15 additional guidelines as well as revisions to the original set. The new Guidelines document is now available! This set of clinical EMS guidelines is an updated and expanded version of the guidelines originally released in 2014. Version 2, completed Sept. 15, 2017, has undergone a complete review and update of the original core set of 56 guidelines, and includes 15 new guidelines.

The effort was led by a core team from the NASEMSO Medical Directors Council, along with representatives from eight national EMS physician organizations. The Co-Principal Investigators are Dr. Carol Cunningham and Dr. Richard Kamin. Countless hours of review and edits were contributed by subject matter experts, as well as EMS stakeholders who responded with comments and recommendations during two public comment periods.

Version 2 of the guidelines may be downloaded at National Model EMS Clinical Guidelines.

g) REPLICA

REPLICA member states have EXCEEDED the threshold needed to activate! Congratulations and THANKS to Alabama, Colorado, Delaware, Georgia, Idaho, Kansas, Mississippi, Tennessee, Texas, Utah, Virginia, and Wyoming!! Eight more states have introduced legislation that could bring the total to 38% of the nation. Advocate Sue Prentiss is still available to work with states that are supportive of or filing compact legislation to provide resources and informational needs. The member states are in the process of forming a REPLICA Commission to handle the day-to-day needs of the compact and the inaugural meeting was held in October in Oklahoma City on October 7 and 8, 2017. The Commission elected officers, adopted Bylaws of the Commission and adopted Rules on Rule Making.

Additional EMS Actions on the National Scene

h) New NSC Report Card Highlights State Safety Ratings

In every state, far too many people are dying from predictable and preventable incidents we call "accidents." The National Safety Council (NSC) grades states on what they are doing to keep people safe in State of Safety, a first-of-its-kind report. The State of Safety report framework consists of three sections that collectively reflect key spheres of human activity, preventable injuries and deaths, and NSC strategic priorities:

1. Road Safety
2. Home and Community Safety
3. Workplace Safety

No state received an overall "A." Read more.

i) HRSA Administrator Applauds Rural Hospitals

Outstanding Performance citations to 10 states for improvements to their Critical Access Hospitals were recently awarded by HRSA Administrator, Dr. George Sigounas. Supported by the agency's Federal Office of Rural Health Policy (FORHP), the hospitals are often the only health care available in small-town, rural America. Congratulations to MA, IL, WI, PA, ME, IN, NE, MI, MN, and UT for investing their FORHP funding in quality improvement projects and technical assistance to member hospitals. Read more.

j) FDA Warns Epipen Manufacturer

The Food and Drug Administration (FDA) has notified Pfizer's Meridian Medical Technologies that it has not properly investigated hundreds of reported failures of its EpiPen auto-injectors. Some of the failures have resulted in deaths and serious illness, the agency said in a warning letter to the company. For instance, the company found a failing unit in part of the auto-injector, causing it not to fire. While they rejected that lot, they didn't determine whether other units were similarly defective, and they continued making EpiPens with these components. The company did not properly identify the scope and frequency of the problem, the agency said, and their response to problems was inadequate. Read more.

k) SAMHSA Releases State Reports on US Behavioral Health

The Substance Abuse and Mental Health Services Administration (SAMHSA) has released the fourth edition of the *Behavioral Health Barometer*, which offers updates on the behavioral health of the nation. Updates for each of the 50 states and the District of Columbia feature state-level data for 2015 on such behavioral health issues as the prevalence of substance use, mental illness, and suicidal ideation, allowing comparison with national averages.

View and download copies of the Behavioral Health Barometer of any state and the District of Columbia here.

l) AHRQ Releases First Public Database on Nation's Health Systems

Information about the size, structure and other characteristics of 626 health care organizations is included in AHRQ's new Compendium of U.S. Health Systems, 2016, the nation's first publicly available database that gives researchers, policymakers and health care administrators a snapshot of the nation's health systems.

The online resource was developed by the agency's Comparative Health System Performance (CHSP) Initiative, a collaborative to examine systems' use of evidence-based medicine and explore factors that contribute to high performance. The new compendium defines systems as networks of at least one hospital connected via ownership to one or more groups of physicians. Hospitals in these health systems account for roughly 88 percent of U.S. hospital beds and 92 percent of U.S. hospital discharges. The compendium identifies system characteristics such as the number of hospitals, acute care beds and physicians, as well as whether a system serves children. The compendium shows:

- By the end of 2016, there were 626 private health systems in the United States.
- About 70 percent of U.S. non-Federal general acute care hospitals are in health systems.
- Hospitals in these health systems account for roughly 88 percent of U.S. hospital beds and 92 percent of U.S. hospital discharges.
- Nearly 45 percent of U.S. physicians are in these systems.
- Nearly 75 percent of all U.S. hospitals that serve a high proportion of low-income patients are in these systems.

The data also show considerable variations in the size of health systems. About half include fewer than 3 hospitals and less than 250 physicians. A small number of systems, meanwhile, are characterized by many more hospitals and physicians. Read more.

AIR MEDICAL

m) CAMTS Receives Prestigious ANSI Accreditation

The Commission on Accreditation of Medical Transport Systems (CAMTS) has received accreditation as an American National Standards Institute (ANSI) Accredited Standards Developer. ANSI accreditation provides assurance that standards, goods, and services meet essential requirements throughout the global supply chain – engendering consumer trust and fostering competitiveness.

ANSI signifies the techniques used by CAMTS meet the institute's essential requirements and high bar for openness, balance, consensus, and due process. CAMTS received ANSI accreditation by meeting all the ANSI developing standards requirements when developing the benchmark for air and ground critical care, medical transport, medical escort, and special medical operations. CAMTS standards establish criteria that ensure services provided to patients by the industry are reliable and of a consistently high quality with regard to patient care, safety of transport, appropriateness of use, and ethical and professional business practice. For more information, visit www.camts.org.

n) Post-Crash Fires on Helicopters Focus of House Bill

U.S. Reps. Ed Perlmutter (CO-07) and Jared Polis (CO-02) recently re-introduced the Helicopter Fuel System Safety Act to require all newly manufactured helicopters be built with safer fuel systems. The legislation requires within one year all newly manufactured helicopters comply with the recommendations from the Rotorcraft Occupant Protection Working Group, which significantly reduces the risk of post-crash fires. Additionally, the legislation requires the Federal Aviation Administration (FAA) to expedite certification of retrofit kits to improve fuel system crashworthiness and to publish a bulletin for helicopter owners and operators, which includes available retrofits and urges their installation. The Bill addresses a well-known issue related to crash resistance fuel systems in helicopters that was identified by the National Transportation Safety Board (NTSB) in Safety Recommendation A-15-12. The text of HR 3150 is available here.

o) GAO Recommends Greater Transparency on Air Ambulance Billing

The Government Accountability Office (GAO) has completed its review of air ambulance billing practices, noting the Department of Transportation (DOT) has discretionary authority to investigate potentially unfair practices in air transportation or the sale of air transportation, but has not exercised this authority in regards to helicopter air ambulances.

In summary, GAO has recommended the Secretary of Transportation should: (1) communicate a method to receive air ambulance, including balance billing, complaints; (2) take steps to make complaint information publicly available; (3) assess available data and determine what information could assist in the evaluation of future complaints; and (4) consider air ambulance consumer disclosure requirements. DOT concurred with all but the third recommendation, stating additional information is not needed for such purposes. GAO stands by the recommendation, as discussed in the report. DOT and CMS also provided technical comments, which were incorporated as appropriate. Read more.

p) DOT Expands Use of Consumer Protection Services to Receive Air Ambulance Complaints

The Department of Transportation is accepting consumer complaints with regard to air ambulance operator service practices that are in the regulatory purview of the Agency via its Aviation Consumer Protection Division (ACPD). Consumers can use the Agency's web form, write, or call the ACPD 24 hours a day at 202-366-2220 (TTY 202-366-0511) to record complaints. (Calls are returned Monday through Friday, generally between 7:30 am and 5:00 pm Eastern time.)

According to the DOT, all complaints are entered in DOT's computerized aviation industry monitoring system, and are charged to the company in question in the monthly Air Travel Consumer Report, which appears to be airline and airport centric at present. This report is distributed to the industry and made available to the news media and the general public so that consumers and air travel companies can compare the complaint records of individual airlines and tour operators. Complaints are reviewed to determine the extent to which carriers are in compliance

with federal aviation consumer protection regulations. This system also serves as a basis for rulemaking, legislation and research.

q) Congress Considers Two Air Ambulance Bills

H.R. 3780, *The Air Ambulance Quality and Accountability Act* and H.R. 3378, *Ensuring Access to Air Ambulance Services Act of 2017* advocate different approaches for cost reporting and quality data. While NASEMSO has not taken a formal position on either, copies of the Bills as well as a comparison of the Bills by acclaimed law firm, Holland and Knight, have been made available here.

AMBULANCE VEHICLE LICENSURE

r) CAAS Announces Remount Standards Working Group

The Commission of Accreditation of Ambulance Services (CAAS) has established a GVS Remount Standards Working Group. CAAS initially published its Ground Vehicle Standard (GVS) for new ambulances GVS V1.0 in July 2016. The GVS standard has already been officially accepted by two states (Texas and Alabama), and regulatory approval is pending in many others. As part of the development plan for the GVS V2.0 revision due in July 2019, CAAS GVS has started a process to create a standard for ambulance remounts that will be an integral part of the second version of GVS. Read more.

s) New NIOSH Infographic Available on Ambulance Crash Test Methods

The National Institute for Occupational Safety and Health (NIOSH) and the Department of Homeland Security partnered with other federal agencies and ambulance manufacturers to crash-test ambulances, with the goal of preventing crash-related injuries to Emergency Medical Services (EMS) workers in the patient compartment. These dynamic crash tests contributed to the development of 10 test methods published by the Society of Automotive Engineers (SAE). A new infographic is available to highlight this data here.

COMMUNICATIONS

t) FirstNet Update: Full Implementation Scheduled for March 2018

24 states and territories have opted in to the First Responder Network Authority (FirstNet) network, the nation's first high-speed broadband public safety network. FirstNet reaches the half-way point with the recent addition of Texas and Idaho; so far, none of the 56 states or territories have opted out. This new network will connect all first responders through voice, video and data, enabling different agencies and jurisdictions access to the same information and applications. FirstNet requirements are being driven by public safety needs, and applications are vetted before implementation. FirstNet will also have push capabilities, meaning information and applications can be sent to first responders at the scene. This improves situational awareness in the field, critical to first responder safety in the current threat environment.

Things are moving quickly with FirstNet after years of planning. AT&T holds the contract for development and full implementation is currently scheduled for March 2018, right around the corner. FirstNet has delivered official notice of State Plans to governors. Governors will have 90 days – until Dec. 28 – to decide whether to accept the FirstNet/AT&T plan for deploying the nationwide public safety broadband network or initiate the process to have the state take on the responsibility for deploying its own Radio Access Network (RAN) that must be interoperable with the FirstNet network. If a state does not take any action on its updated State Plan by Dec. 28, the state will automatically opt in to the FirstNet network. This key milestone follows delivery of updated State Plans to the states and territories last week. Read more.

COMMUNITY PARAMEDICINE

u) OR MIH Program Documents Reduced Hospital Readmissions

A new report, *Reducing Hospital Readmissions with Mobile Integrated Health*, is now available from Health Insight, the Medicare Quality Innovation Network-Quality Improvement Organization for Nevada, New Mexico, Oregon and Utah, under contract with the Centers for Medicare & Medicaid Services (CMS). According to the report:

> Hospital readmissions continue to be a challenge and with the implementation of the Hospital Readmissions Reduction Program by Medicare, hospitals are feeling the readmission challenge in their bottom lines with penalties for excessive readmissions. There are a plethora of programs and intervention ideas available for hospital to implement within their own systems, but this is not solely a hospital issue, it involves the community as well.

Mobile integrated health programs seek to fill gaps patients experience when leaving the hospital to return home. In this paper, these services were provided by a community paramedic for four weeks post hospital discharge. These paramedics worked with patients to assist them in understanding their post-discharge instructions regarding care, symptoms and medications in order to help them achieve success at home and stay out of the hospital.

Data aggregated from two mobile integrated health programs working with a single hospital show that this method can be successful at reducing readmissions to hospitals within 30 days of discharge. This reduction improved the health of the individual patients that were directly impacted by the services, but also reduced cost to, and burden on, the healthcare system. Read the report.

v) AHRQ News from the MIH-CP Committee

The Agency for Healthcare Research and Quality (AHRQ) has published several EMS 3.0 transformation projects on their Healthcare Innovation Exchange (MedStar, REMSA, San Diego RAP, BJC/Christian Hospital EMS profiles below) and has invited several agencies and associations to conduct presentations to their researchers in Rockville, MD. They were also instrumental in teaching the importance of patient experience and patient's perception of health

status as outcome measures for MIH programs. And, they have participated in the MIH Outcome Measures project:

- Trained Paramedics Provide Ongoing Support to Frequent 911 Callers, Reducing Use of Ambulance and Emergency Department Services
- New Care and Referral Pathways for Nonemergent 911 Callers and At-Risk Patients Reduce Emergency Department Visits and Readmissions, Generate Substantial Cost Savings
- Specially Trained Paramedics Respond to Nonemergency 911 Calls and Proactively Care for Frequent Callers, Reducing Inappropriate Use of Emergency Services
- Data-Driven System Helps Emergency Medical Services Identify Frequent Callers and Connect Them to Community Services, Reducing Transports and Costs

w) CMS Innovation Center Announces RFI

Medicare's main trust fund is projected to run out in just eleven years, and Medicaid is the second largest budget item for states on average (behind K-12 education) and is growing rapidly. Improving quality and reducing costs are imperative. One of the most important goals at CMS is fostering an affordable, accessible healthcare system that puts patients first.
Through this informal Request for Information (RFI) the CMS Innovation Center (Innovation Center) is seeking your feedback on a new direction to promote patient-centered care and test market-driven reforms that empower beneficiaries as consumers, provide price transparency, increase choices and competition to drive quality, reduce costs, and improve outcomes. The Innovation Center welcomes stakeholder input on the ideas included below, on additional ideas and concepts, and on the future direction of the Innovation Center. In particular, the Innovation Center is interested in testing models in the following eight focus areas:

1. Increased participation in Advanced Alternative Payment Models (APMs);
2. Consumer-Directed Care & Market-Based Innovation Models;
3. Physician Specialty Models;
4. Prescription Drug Models;
5. Medicare Advantage (MA) Innovation Models;
6. State-Based and Local Innovation, including Medicaid-focused Models;
7. Mental and Behavioral Health Models; and
8. Program Integrity.

However, the Innovation Center may also test models in other areas.
To be assured consideration, please submit comments online or by email to CMMI_NewDirection@cms.hhs.gov through 11:59 p.m. EST November 20, 2017.

EMS EDUCATION

x) CoAEMSP Provides Important Update to Competency Measures

Paramedic programs seeking and maintaining accreditation awarded by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) must demonstrate compliance

with the CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions.

Critical components to this process are demonstrating the program is providing "adequate numbers of patients, proportionally distributed by age-range, chief complaint and interventions in the delivery of emergency care" [CAAHEP Standard III.A.2. Hospital/Clinical Affiliations and Field/Internship Affiliations]; showing progression of learning from the class to the lab to clinical to field to the capstone field internship [III.C.1. Curriculum (Sequencing)]; and establishing a minimum number of patient encounters [III.C.2. Curriculum] prior to program completion.

One tool used to demonstrate meeting the CAAHEP Standards is commonly known as CoAEMSP's Appendix G: Student Minimum Competency Matrix, or simply, Appendix G.

Read the complete document or Download 'Appendix G - Student Minimum Competency Matrix - effective July 1, 2019.

PEDIATRIC EMERGENCY CARE

y) Congress Considers Legislation to Improve Pediatric Care on Commercial Aircraft

The Airplane Kids in Transit Safety Act (KITS Act) (S. 1167/H.R. 2485) have been introduced in Congress and passed through both the Senate Commerce and House Transportation Committees. The Bill(s) would require the Federal Aviation Administration (FAA) to update emergency medical kits onboard commercial airplanes with appropriate medications and medical equipment for children. The Bills have bipartisan support and may be considered as amendments to the upcoming FAA Reauthorization Bill.

FEDERAL PARTNERS

z) New Report Addresses the Risks and Benefits of EMS Use of Lights and Sirens

In a newly released whitepaper, EMS physician, paramedic and Pennsylvania EMS Medical Director Douglas Kupas, MD, takes an evidence-based approach to examining the controversial issue of using lights and sirens in EMS response and transport. The report discusses the impact of emergency lights and sirens driving on response and transport time, safety, public perception and patient outcome.

Lights and Siren Use by Emergency Medical Services (EMS): Above All Do No Harm is one of the most thorough investigations of the topic ever published. Approaching lights and siren use as a medical therapy, Dr. Kupas lays out the evidence and then makes recommendations that can be implemented by states, regional authorities and local EMS agencies.

Recommendations in the report include the establishment of performance measures and quality improvement programs for EMS agencies to ensure the proper use of emergency medical

dispatch (EMD) protocols and to track the rates of lights and siren response and transport. Download and read the report.

aa) NIOSH Publishes New Fact Sheet for EMS Workers on Preventing Injuries and Exposures

Emergency medical services (EMS) workers, such as emergency medical technicians and paramedics, are essential to the prehospital medical care system. They respond to medical emergencies and disaster incidents and provide non-emergency medical transport. They perform much of their work in uncontrolled environments, and the work can be physically strenuous. Previous studies indicated that the rate of injury within this occupation is higher than in many others.

According to a four-year study, more than 22,000 EMS workers visited emergency departments each year for work-related injuries. This National Institute for Occupational Safety and Health (NIOSH) resource, co-branded with the National Highway Traffic Safety Administration (NHTSA) Office of EMS, provides EMS employers with recommendations for preventing injuries and exposures among workers. Download the fact sheet and read more here.

bb) New Workforce Review of US Health Occupations Includes EMS

The National Center of Health Workforce Analysis (NCHWA) has produced a revised analysis of 30 US health occupations, including EMS. The purpose of this brief is to provide an update to HRSA's 2015 report on the distribution of sex, and race/ethnicity, among 30 health occupations in the U.S. using 2011-2015 American Community Survey (ACS) data.

These health occupations are grouped into six categories according to the 2010 Standard Occupational Classification (SOC) system, which is used by federal statistical agencies to classify workers into occupational categories for the purpose of data collection and analysis. The U.S. workforce is defined as those who are 16 years or older, and are currently employed or seeking employment. The 30 health occupations presented in this brief represent 10 percent of the nation's workforce although not all components of the health workforce are included or fully represented.

U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. 2017. Sex, Race, and Ethnic Diversity of U.S, Health Occupations (2011-2015), Rockville, Maryland is now available for download here.
(NASEM), this guide provides a broad overview of selected products and technologies in four categories—(1) wheeled and seated mobility devices; (2) upper extremity prostheses; (3) selected hearing technologies; (4) and communication and speech technologies—as well as available funding options. Read more.

Educational Development

III. Educational Development

Committees

A. The Training and Certification Committee (TCC) canceled the scheduled meeting for October 4, 2017 due to lack of an agenda and items to discuss. The next scheduled meeting is January 3, 2018.

Copies of past minutes are available on the Office of EMS Web page here: http://www.vdh.virginia.gov/emergency-medical-services/standing-and-ad-hoc-committees-oems-workgroups/

B. The Medical Direction Committee (MDC) scheduled for October 5, 2017 was cancelled. The next scheduled meeting will be conducted on January 4, 2018.

Copies of past minutes are available from the Office of EMS web page at: http://www.vdh.virginia.gov/emergency-medical-services/education-certification/medical-direction-committee-standing/Advanced Life Support

ALS Program

A. Virginia 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 AEMT. This will NOT affect their Virginia certification level which will remain Intermediate 99.

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. Paramedic candidate testing requirements changed effective January 1, 2017 with the implementation of the integrated out-of-hospital scenario station. Candidates are evaluated in a 20-minute scenario that would be similar to what may be encountered in an actual EMS call. Additionally, they are still completing a trauma assessment, two oral stations and dynamic and static cardiology.

E. As of January 1, 2017, all ALS testing candidates are required to have a Psychomotor Authorization to Test Letter (PATT) from National Registry to be allowed participation at an ALS Test site. To enable this new requirement, the Office of EMS has authorized early access which allows Virginia Program Directors, in coordination with the program Medical Director to allow students access to the psychomotor examination at the point in their program they feel the students have reached competency. Information has been provided to all program directors.

F. To align with the 2016 National Continued Competency program (NCCP) implemented by National Registry in October, 2016, continuing education will now be tracked utilizing both the 2012 and 2016 NCCP requirements. Providers with a certification or recertification date beginning on or after October 1, 2016 have had their continuing education hours adjusted to the new distribution of hours for the 2016 NCCP. Notifications were sent to all EMS providers in Virginia and updated information has been posted on the OEMS Division of Educational Development webpage. This information is being shared at all EMS Education Coordinator updates and will be published in the upcoming OEMS Newsletter.

G. Auxiliary program continuing education hours were redesigned to match the 2016 NCCP requirements for courses announced to our office on or after July 1, 2017.

Basic Life Support Program

A. Education Coordinator (EC) Institute

1. After eleven years of service with the Office, Gregory Neiman submitted his resignation and accepted the EMS Community Liaison for VCU Health Systems. Greg participated in many changes during his tenure at the Office. We wish Greg great success with his new adventure. The Office is conducting interviews on Wednesday, Oct. 25 and Thursday, Oct. 26 and we hope to have a new BLS Training Specialist soon.
2. Due to a delay in the start of the new EC process, one more EC Institute following the former standards has been scheduled for December 9th through December 13th, 2017. Notices were sent to all ECs and those who partially completed the former process. The office took the first 24 candidates who successfully completed the NR EMT written and a CTS psychomotor

examination and submitted a completed EC application. The December program is full.

3. EMS Providers interested in becoming an EMS Education Coordinator please contact Warren Short at warren.short@vdh.virginia.gov or call the office at 804-888-9120.

4. The new EC process is on track to begin early winter of 2018.

B. EMS Educator Updates:

1. Updates were held on Friday, September 15th and Saturday, September 16th in the CSEMS Region and Saturday, September 30th in the TEMS Region in conjunction with the VAVRS Annual Conference in Virginia Beach and on October 14th at the SWVEMS Council office.
The schedule of future updates can be found on the OEMS web at: http://www.vdh.virginia.gov/emergency-medical-services/ems-educator-update-schedule/

EMS Training Funds

A. Special Initiative Grants

Table. Special Initiative Grant Funding – Training Programs			
Grant Period	Total Funding Amt.	No. of Agencies/Orgs	No. of Courses
07/01/16 – 12/31/16	$707, 931.00	42	78
01/01/17 – 06/30/17	$502,349.70	43	71
07/01/17 – 12/31/17	$939,608.31	31	89

- A special grant initiative for funding of initial certification programs starting between July 1, 2016 and December 31, 2016 was announced with a grant request period of 09/21/2016 through 10/05/2016 (see table above).
    - A total of $707,931 was approved for 42 licensed, non-profit EMS agencies and organizations and 78 courses.
- A no-match special initiative grant funding opportunity was announced to support initial EMS certification programs starting between January 1, 2017 through June 30, 2017. The grant request period ended on April 25, 2017 (see table above).
    - A total of $502,349.70 was approved for 43 licensed, non-profit EMS agencies and organizations and 71 courses.

- The final no-match special initiative grant funding opportunity was announced to support initial certification programs starting between July 1, 2017 and December 31, 2017 with a grant request deadline of July 21, 2017 (see table above).

    - A total of $939,608.31 was approved for 31 licensed, non-profit EMS agencies and organizations and 89 courses.

B. EMS Scholarship Program

- OEMS launched the new EMS Scholarship Program in collaboration with the VDH Office of Health Equity on October 2, 2017. The anticipated date to disburse payment to these scholarship recipients is January 2018.

- Information on the scholarship program is available on the OEMS website under the Division of Educational Development. http://www.vdh.virginia.gov/emergency-medical-services/education-certification/ems-scholarship/.

- OEMS Division of Educational Development (DED) staff have employed several methods to promote the scholarship program, to include: Educator Updates; webinars; creation of an infographic (to be shared with partners); and, development of a print and digital brochure. Additional outreach efforts discussed include social media promotion using platforms such as the OEMS Facebook page.

- To date, 3 webinars for EMS educators have been conducted. Two additional educator webinars will be scheduled. A video tutorial guiding applicants on completing the online application is also planned for development.

Continuing Education (CE) and Auxiliary Programs Contracts

- The CE and Auxiliary Programs partnership with the Regional EMS Councils began in August 2017.

- All 11 Regional EMS Councils have now elected to participate.

- The end date for this initial MOU term is June 30, 2018.

- OEMS DED staff are developing surveys in order to collect qualitative data to assist with assessing program efficacy.

EMS Education Program Accreditation

A. EMS accreditation program.

1. Emergency Medical Technician (EMT)
   a) Northern Virginia Community College has submitted documentation to add EMT accreditation.
   b) Isle of Wight Volunteer Rescue has submitted an EMT accreditation application to the office that is currently under review.

2. EMT Psychomotor Competency Verification Approval

   a) Central Virginia Community College received approval for internal psychomotor competency verification effective August 17, 2017.
   b) Prince William County Fire & Rescue received approval for internal psychomotor competency verification effective August 12, 2017.
   c) Henrico County Fire Division of Fire received approval for internal psychomotor competency verification effective August 18, 2017.
   d) Frederick County Fire and Rescue received approval for internal psychomotor competency verification effective August 11, 2017.
   e) Tidewater Community College received approval for internal psychomotor competency verification effective August 18, 2017.
   f) Southwest Virginia Community College received approval for internal psychomotor competency verification effective September 8, 2017.
   g) Associates in Emergency Care received approval for internal psychomotor competency verification effective October 16, 2017.

3. Advanced Emergency Medical Technician (AEMT)
   a) No changes

4. Intermediate – Reaccreditation
   a) Hampton Division of Fire has submitted their re-accreditation self-study. It has been reviewed by the office and assigned to an accreditation team. Site visit will be conducted in early 2018.

5. Intermediate – Initial
   a) No new accreditation packets have been received.

6. Paramedic – Initial
   a) John Tyler Community College has been granted a Letter of Review from CoAEMSP. They have completed their first cohort and work has begun on completion of the Self Study report to be submitted to CoAEMSP.

b) Rappahannock Community College had their site visit from CoAEMSP in November, 2016. Awaiting accreditation findings report.
c) ECPI has been granted a Letter of Review from CoAEMSP.

7. Paramedic – Reaccreditation

a) Southside Virginia Community College had their 5 year CoAEMSP reaccreditation visit on October 6 & 7. Report will be forwarded upon completion. Results being forwarded to CAAHEP.
b) Tidewater Community College has their CoAEMSP re-accreditation visit scheduled for December 15 & 16. Awaiting accreditation findings report.
c) Northern VA Community College has received notification from CoAEMSP that their reaccreditation visit will be conducted on January 15 & 16, 2018.
d) Loudoun County Fire & Rescue has received notification from CoAEMSP that their reaccreditation visit will be conducted on January 26 & 27, 2018.

B. For more detailed information, please view the Accredited Site Directory found on the OEMS web site at:
https://vdhems.vdh.virginia.gov/emsapps/f?p=200:1

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

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

Online 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 your 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/emergency-medical-services/emsat/

EMSAT

Nov. 15 Baby Safe Sleep

Cat. 1 ALS, Area 20, Cat. 1 BLS, Area 15

Dec. 20 The Opioid Crisis

Cat.1 ALS, Area 19, Cat. 1 BLS, Area 14

Jan. 17 LVAD Update 2018

Cat. 1 ALS, Area 17, Cat. 1 BLS, Area 12

Psychomotor Test Site Activity

A. 31- CTS, 3 - EMT accredited course and 8- ALS psychomotor test sites were conducted from July 18, 2017-October 14, 2017.

B. Brian Hollins and Amanda McComas have been selected as EMS Certification Examiner Supervisors in the southwestern/western and central regions. Their hire date is October 25th.

C. Open positions in Northern, Western/Southwestern and ODEMSA regions will be advertised in the near future.

D. Virginia BLS Psychomotor Examination scenarios are in the process of revision. A webinar meeting was used for the first meeting of the workgroup.

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.

- Debbie Akers served as the volunteer coordinator for the National Association of EMS Educators at their annual conference in Washington, DC from August 7 through August 12, 2017. Numerous Virginia Education Coordinators participated in the event, including Warren Short, Manager, Division of Educational Development. Attendance at the conference provided an opportunity to collaborate with peers from across the country as well as attend training sessions to gain knowledge on the latest trends in EMS education.

- Warren and Debbie visited Blue Ridge Community College to discuss offering EMS training programs at their campus.

- DED conducted a CE Scanner webinar.

- Debbie, Warren and Peter Brown visited two BLS accredited programs who are participating in the in house psychomotor competency program.

- Warren participated in the EMS Agenda 2050 Regional Meeting in Silver Springs, Maryland.

- DED is collaborating with the Virginia Community College System to redesign their EMS program syllabus. The first meeting was held at the office and a second workgroup participated by webinar.

- Warren and NVEMS Council director Craig Evans participated in a meeting with the Osbourn High School in Manassas to discuss their desire to initiate an EMT program.

Emergency Operations

IV. Emergency Operations

Operations

- **Emergency Operations Event Response**

On August 12, 2017, the Division of Emergency Operations actively participated in the response to the Unite the Right Rally in Charlottesville, Virginia. Karen Owens, Emergency Operations Manager, deployed to the Virginia Emergency Operations Center (EOC), to staff the ESF-8 desk and coordinate EMS response at the state level. In response to requests from onsite resources, Frank Cheatham coordinated the response of Health and Medical Emergency Response Team (HMERT) assets to Charlottesville on both August 12 and August 13. The resources supported EMS response needs throughout the weekend.

In addition to response to Charlottesville, the Division of Emergency Operations coordinated continued readiness for OEMS response to multiple major hurricanes during this quarter. These readiness activities included preparing EOC staffing plans, developing personnel interest lists in the event of requests, and fielding Emergency Mutual Aid Compact requests for areas impacted by Hurricane Harvey and Hurricane Irma.

- **Virginia-1 DMAT**

Frank Cheatham, HMERT Coordinator, continued to attend meetings for the Virginia-1 DMAT during this quarter. He continued to assist in the coordination of facilities for meetings in the Richmond area. With the deployment of Va-1 DMAT Team, Frank coordinated the parking of member vehicles and worked to assure the safety of the vehicles while parked at the office.

- **Marble Challenge Exercise**

Throughout this quarter, Sam Burnette, Emergency Services Coordinator, participated in a number of planning meetings and conference calls for a training exercise referred to as Marble Challenge. On October 25, 2017, Mr. Burnette participated in Marble Challenge, serving as a liaison for the Virginia Fusion Center during the event.

- **2017 Virginia Office of EMS Symposium**

Frank took part in a two-day meeting in Norfolk to go over the needs for the Annual Symposium. Meetings were held with the various groups that we will be working with and needs discussed. Frank also has been working with all groups on logistical needs for the event.

Committees/Meetings

- **EMS Communications Committee**

The EMS Communications Committee met in conjunction with the August EMS Advisory Board Meeting. During the meeting various topics were covered and updates were provided including an update on HB 1728 and the appointment of a representative to the state medevac committee. Additionally, discussions were held regarding the need for the appointment of a new committee chair due to Mr. Critzer's appointment to the state Board of Health.

Mr. Critzer also provided an update on the progress of the state's involvement with FirstNet. He advised the committee that Virginia had opted into FirstNet. The committee discussed issues surrounding the Statewide Mutual Aid Channel. Committee members agreed that the interoperability channels need to be added into medevac resources.

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

On August 24, 2017, Karen Owens, Emergency Operations Manager, participated in the quarterly meeting of the Statewide Interoperability Executive Committee.

- **Opioid Addiction Incident Management Team**

During this quarter, Karen Owens participated in multiple phone calls of the Virginia Department of Health Opioid Addiction team.

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

HMERT Coordinator, Frank Cheatham, continues to serve on the SHSP Steering Committee and attended follow up meetings monitoring the implementation and tracking of the plan.

- **Traffic Incident Management Committees**

Frank Cheatham, HMERT Coordinator, continued to represent the Office of EMS at TIM Committee meetings, including Training Oversight, Best Practices the overall Statewide TIM Committee, and the Richmond TIM Committee Executive Group.

- **TIMS Communications and Interoperability Workgroup**

Sam Burnette, Emergency Services Coordinator, and Ken Crumpler, OEMS Communications Coordinator, attended a Traffic Incident Management System (TIMS) Communications and Interoperability Workgroup meeting on August 17, 2017. The meeting provided an opportunity for multiple disciplines to discuss steps to improve interoperability among first responders during highway incident operations.

- **Virginia Public Safety Broadband Network/FirstNet Regional Conference**

Sam Burnette, Emergency Services Coordinator, attended a Commonwealth's First Responder Network Authority (FirstNet) outreach meeting. The meeting provided information First Net's proposed Virginia plan and various technologies that will leverage Virginia' future public safety dedicated broadband network.

- **Virginia Department of Emergency Management (VDEM) Fall Forum**

On October 18, 2017 Winnie Pennington participated in the VDEM Fall Forum in Henrico, Virginia. The forum provided an opportunity for emergency management personnel to interact and hear about upcoming changes and activities in Virginia.

- **EMS Emergency Management Committee**

Karen Owens, Emergency Operations Manager, and Winnie Pennington, Emergency Planner participated in the EMS Emergency Management Committee meeting in conjunction with the August EMS Advisory Board Meeting. The committee discussed the transition status of a transition from START to SALT and the possibility of participating in a patient tracking pilot project.

- **Critical Infrastructure Focus Group**

Sam Burnette, Emergency Services Coordinator, represented the Office of EMS at the first meeting of the Commonwealth Critical Infrastructure Focus Group on October 20, 2017. This focus group is review critical infrastructure within the Commonwealth and the actions needed to protect these locations.

- **Rider Alert**

Ken Crumpler represented the OEMS and Rider Alert at the Mid-Atlantic Police Motorcycle Rodeo in Prince William County on September 16, 2017.

Training

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

Frank Cheatham assisted in multiple Traffic Incident Management training programs throughout the Commonwealth including courses during the Chesterfield Police Department In-Service and Hanover Fire Recruit School. The course which is team taught by members of the Virginia State Police and Department of Fire programs provides all traffic incident responders with information on safe response and handling.

- **Communications Unit Leader (COML)**

Sam Burnette, Emergency Services Coordinator, attended a Communications Unit Leader Training in conjunction with the Fall APCO/NENA Conference. This training prepares an individual to serve as the head of the Communications Unit at a large incident. The course teaches them how to be responsible for integrating communications and ensuring that operations are supported by communications.

Communications

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

The Mecklenburg Co. 911 application for accreditation was approved by the Communications Committee at the August meeting. Ken Crumpler, OEMS Communications Coordinator, presented the OEMS PSAP Accreditation to representatives of the Mecklenburg 911 center on October 10, 2017.

- **APCO/NENA**

Sam Burnette, Emergency Services Coordinator, and Ken Crumpler, OEMS Communications Coordinator, attended the Fall APCO/NENA Conference in Roanoke, Virginia. They participated in meetings and provided updates on OEMS Communications.

- **Radio System**

During this quarter, the Division of Emergency Operations facilitated the receipt of a new radio system for the Office of EMS consisting of repeaters and portable radios. This system will support both emergency operation deployments and symposium communication needs.

Critical Incident Stress Management (CISM)

- **CISM Regional Council Reports**

During this reporting quarter Regional Council CISM teams reported 15 events, including education sessions, training classes, meetings, and debriefings (both group and one-on-one).

Planning and Regional Coordination

V. Planning and Regional Coordination

Regional EMS Councils

Regional EMS Councils

The OEMS entered into a new Memorandum of Understanding (MOU) with the Regional EMS Councils for the 2018 Fiscal Year. The Regional EMS Councils submitted their First Quarter reports throughout the month of October, and are under review. OEMS has transitioned to a web based reporting application to replace Lotus Notes, for the Regional EMS Councils to submit quarterly deliverables.

The EMS Systems Planner participated in the interview panel to select a new Executive Director of the Central Shenandoah EMS Council in September.

Medevac Program

The Medevac Committee is scheduled to meet on November 8, 2017. The minutes of the August 4, 2017 meeting are available on the OEMS website linked below:

http://www.vdh.virginia.gov/emergency-medical-services/advisory-board-committees/medevac-committee/

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 473 entries into the Helicopter EMS system in the third quarter of the 2017 calendar year. 63% of those entries (300 entries) were for interfacility transports, which is consistent with information from previous quarters. The total number of turndowns is a decrease from 505 entries in the second quarter of 2016. Additionally, there have been 1,635 entries for the 2017 calendar year, which is a slight increase from the 1,555 entries for the 2016 calendar year. This data continues to show dedication to the program itself, but also to maintaining safety of patients, 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 is to:

- Determine if there is a greater opportunity to air transport the STEMI patient from the scene to a 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.

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

House Bill 1728 was also introduced during the 2017 Virginia General Assembly. The language of the Bill is as follows:

> *"That the Department of Health (the Department) shall convene a work group composed of stakeholders, including representatives of law enforcement, emergency medical services providers, health insurance providers, and other interested stakeholders, to review the rules, regulations, and protocols governing use of air transportation services, also known as air ambulances, in emergency medical situations. The Department shall also review the rules, regulations, and protocols governing dispatch of air transportation services providers in response to emergency medical situations and develop recommendations for changes to such rules, regulations, and protocols that will address differences in procedures governing dispatch of air transportation services providers in emergency medical situations, differences in billing that may affect individuals involved in emergency medical situations during which air transportation services providers are dispatched for the provision of air transportation, and other issues related to the use of air transportation services in emergency medical situations. The Department shall report its findings and recommendations to the Governor and the General Assembly by December 1, 2017."*

More information on House Bill 1728 can be found at the link below:

http://leg1.state.va.us/cgi-bin/legp504.exe?171+sum+HB1728

The workgroup mentioned in the budget bill language is made up of the following representatives:

- **Law Enforcement:**
  - Lieutenant. H. Jay Cullen - Unit Commander – VSP Aviation

- **EMS Providers:**
  - Deputy Chief Eddie Ferguson - Goochland County Department of Fire-Rescue & Emergency Services, Past President – Virginia Association of Governmental Administrators
  - Derrick S. Ruble – Director of 911 & Emergency Communications, Tazewell County, VA

- **Health Insurance:**
  - Jim Young, Insurance Policy Advisor – Virginia State Corporation Commission, Bureau of Insurance - Policy, Compliance and Administration Division
  - Bill Zieser, Transportation Unit Supervisor - Virginia DMAS
  - Kyle Shreve, Director of Policy - Virginia Association of Health Plans (VAHP)

- **Medevac Committee:**
  - Anita Perry – Virginia State Medevac Committee Chair
  - Julia Marsden – Virginia State Medevac Committee Vice Chair (Workgroup Facilitator)
  - George Lindbeck, MD, FACEP, FAEMS - Virginia State EMS and Trauma Systems Medical Director

- **Interested Stakeholders:**
  - Rob Hamilton, President, Med-Trans Air Medical Transport (representing air medical operators)
  - Paul Davenport, Vice President – Emergency Services, Carilion Clinic (representing VHHA
  - Paul Sharpe, Director of Trauma Services, Henrico Doctors' Hospital (representing VHHA)
  - Ed Rhodes – Rhodes Consulting Group (Recommended by Delegate Ransone)

- **Virginia Department of Health (VDH)**
  - T.C. Jones, Managed Care Health Insurance Plan Unit Supervisor, VDH Office of Licensure and Certification
  - Tim Perkins, VDH OEMS EMS Systems Planner served as staff support to the committee.

The workgroup held meetings on June 8, June 29, July 20, August 24, September 14, and October 4, 2017.

A report from the workgroup was submitted to the State Health Commissioner on October 16, 2017.

The Department of Health shall report its findings and recommendations to the Governor and the General Assembly by December 1, 2017.

Information related to the HB1728 Workgroup can be found on the OEMS website at the link below:

http://www.vdh.virginia.gov/emergency-medical-services/other-ems-programs-and-links/medevac-system/house-bill-1728-workgroup/

The EMS Systems Planner also participates on the NASEMSO Air Medical Committee.

OEMS and Medevac stakeholders continue to monitor many 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 final draft of the most recent version of the State EMS Plan was approved by the state EMS Advisory Board, at the November 9, 2016 meeting. The Plan was presented to the Board of Health, and unanimously approved at their March 16, 2017 meeting.

The current version of the State EMS Plan is available for download via the OEMS website at the link below:

http://www.vdh.virginia.gov/emergency-medical-services/state-strategic-and-operational-ems-plan/

Miscellaneous

The EMS Systems Planner also participated in the public planning meeting of the EMS Agenda 2050 project in Silver Spring, MD on September 25, 2017. The EMS Agenda 2050 project involves participation from members of the EMS community to write a new Agenda for the Future that envisions bold and innovative possibilities for EMS advancement over the next three decades.

More information on the EMS Agenda 2050 project can be found at: http://emsagenda2050.org/

Public Information and Education

VI. Public Information and Education

Public Relations

Public Outreach via Marketing Mediums

EMS Bulletin

PR coordinator completed the summer edition of the EMS Bulletin, August 4, 2017. It was posted online and shared through social media and listserv email.

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 –** RSAF grant funding opportunity that is available to reimburse non-profit EMS agencies for enrollment costs for initial EMS certification programs, APX 6000 "AN" Radio Models End of Support Notice, announcement for the 38th Annual Virginia EMS Symposium registration opening, OEMS Office Services Assistant positions, Extreme Heat Preparedness for Emergency Responders and National Preparedness Month info.

- **August –** The summer edition of the EMS Bulletin, REPLICA signed into legislation in 11 states - first official meeting of the commission, IMPACT Virginia's 2nd Annual Summit, call for presentations open for the 2018 Va. EMS Symposium, 38th Annual Virginia EMS Symposium registration reminder, OEMS Human Resource Analyst I position, Regional EMS Council award nomination quick form, Hurricane Harvey response/recovery efforts and no self-dispatching reminder, Hurricane Harvey EMAC, OEMS Community Health & Technical Resources Division Manager position and the U.S. Computer Emergency Readiness Team warns public to be aware of Hurricane Harvey scams.

- **September –** EMS portal maintenance, OEMS holiday office closures, Peninsulas EMS Council's 2017 Designated Infection Control Officer Classes, JEMS/Pennwell Adopt an EMS Family Program, Tidewater EMS Council is Performance Improvement and Education Coordinator position, 38th Annual Virginia EMS Symposium registration closes next week and OEMS BLS Training Coordinator Senior position.

Via GovDelivery Email Listserv (July - September)

- 08/04/17 - Virginia Office of EMS Bulletin - Summer 2017 Edition
- 08/16/17 - Register Today - The 38th Annual Virginia EMS Symposium

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.

Training

- June 7 – the PR coordinator and PR assistant participated in the yearly OEMS VEST training.
- August 24 – the PR assistant participated in the OEMS interactive Smart Board training session.

Marketing Campaigns

- EMS Scholarship Program
    - The PR staff is working with the Division of Educational Development to help promote the EMS Scholarship Program, which is scheduled to launch in the fall of 2017.
    - The PR coordinator developed a plan to promote this program via the OEMS social media pages, email listserv, submission of articles about the program to stakeholder's newsletters and magazines, at the Va. EMS Symposium and through online marketing toolkits, which can be used by local partners and organizations.
    - The PR assistant designed the flyer for this program, which will be promoted in the attendees' bags at the Va. EMS symposium, in the On-Site guide and on the OEMS website.

Social Media and Website Statistics

As of October 26, 2017, the OEMS Facebook page had 5,407 likes, which is an increase of 129 new likes since July 20, 2017. As of October 26, 2017, the OEMS Twitter page had 4,269 followers, which is an increase of 131 followers since July 20, 2017.

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 9,440 total organic reach and 62 shares.**

**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.*

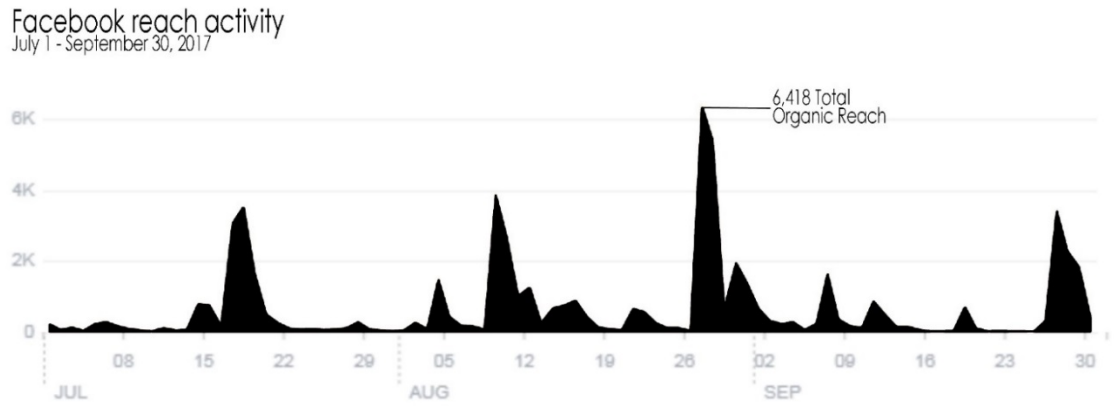


Figure 2: This graph shows the total organic impressions* over a 91-day period on the OEMS Twitter page, July - September. **During this 91-day period our tweets earned a total of 45.1k impressions and 495 impressions per day. The most popular tweet received 2,295 organic impressions.**

**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.*

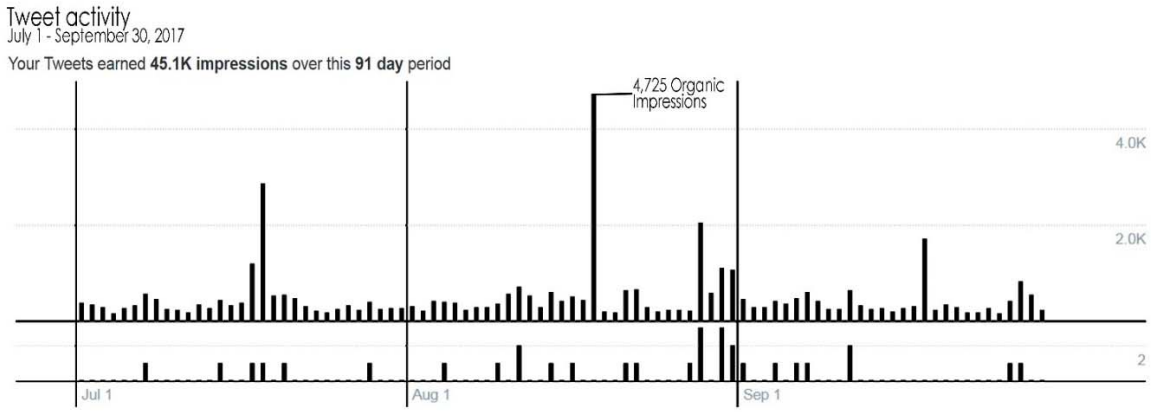


Figure 3: This table represents the top five downloaded items on the OEMS website from July - September.

July	1. Authorized Durable DNR Order Form Instructions (346) 2. 2017 Virginia EMS Symposium Catalog (320) 3. 2017 Virginia EMS Symposium Course Selection Worksheet (308) 4. RSAF Nasal Naloxone for EMS Agencies grant announcement (285) 5. RSAF 12VAC5-31-2860, EMS System Initiative Awards grant announcement (276)
August	1. Authorized Durable DNR Order Form Instructions (334) 2. 2017 Virginia EMS Symposium Course Selection Worksheet (300) 3. RSAF Nasal Naloxone for EMS Agencies grant announcement (221) 4. Quick Guide Completing National Registry Recertification Application (210) 5. 2017 Virginia EMS Symposium Catalog (206)

September	1. Centrelearn Instructions (370) 2. Authorized Durable DNR Order Form Instructions (294) 3. 2017 Virginia EMS Symposium Course Selection Worksheet (225) 4. Quick Guide Completing National Registry Recertification Application (220) 5. VA EMSAT Announcement (203)

Figure 4: This table identifies the total number of unique pageviews, the average time on the homepage and the average bounce rate for the OEMS website from July – September.

	Unique Pageviews	Average Time on Page (Minutes)	Bounce Rate (Average for view)
July	12,783	00:21	3,727 (29.16%)
August	13,863	00:23	4,075 (29.39%)
September	12,933	00:23	3,690 (28.53%)

Google Analytics Terms:

A ***unique pageview*** aggregates pageviews that are generated by the same user during the same session. A *unique pageview* represents the number of sessions during which that page was viewed one or more times.

The **average time on page** is a type of visitor report that provides data on the average amount of time that visitors spend on a webpage. This analytic pertains to the OEMS homepage.

A **bounce rate** is the percentage/number of visitors or single page web sessions. It is the number of visits in which a person leaves the website from the landing page without browsing any further. This data gives better insight into how visitors are interacting with a website.

If the success of a site depends on users viewing more than one page, then a high bounce rate is undesirable. For example, if your homepage is the gateway to the rest of your site (e.g., news articles, additional information, etc.) and a high percentage of users are viewing only your home page, then a high bounce rate is undesirable.

The OEMS website is setup in this way; our homepage is a gateway to the rest of our information, so ideally users should spend a short amount of time on the homepage before bouncing to other OEMS webpages for additional information. Generally speaking, a bounce rate in the range of 26 to 40 percent is excellent and anything under 60 percent is good.

EMS Symposium

EMS Symposium

- PR assistant coordinated the shipping of the symposium catalogs to all Virginia EMS agencies.
- PR coordinator submitted symposium ads and event information to advertise the Virginia EMS Symposium to the Virginia Fire Chiefs Association magazine and NASEMSO events calendar.
- PR coordinator started coordinating information for the 2017 Symposium mobile app, now available on Apple devices (as well as Android devices) this year.
- PR coordinator worked with symposium sponsorship coordinator on sponsored items, inserts for symposium packets, signage requirements, etc.
- PR coordinator updated symposium webpage, to include all symposium forms, worksheets, catalog, flyers, sponsor info, etc.
- PR coordinator prepared and submitted signage needs for the Virginia EMS Symposium.
- PR assistant started coordinating supply order items that would be needed for symposium registration packets and placed supply order for such items.
- PR assistant reviewed online symposium courses descriptions and assigned certification criteria.
- PR coordinator started coordinating the Free Flu Shot Clinic, to be hosted by the Norfolk Health Department in conjunction with the Va. EMS Symposium.
- PR coordinator starting drafting the Symposium On-Site Guide.

Governor's EMS Awards Program

- PR assistant prepared the Governor's EMS Awards nomination packets for the Awards Nomination Committee members to review, and also organized the Governor's EMS Awards Nomination Committee meeting, which was conducted on August 18, 2017.
- PR assistant worked with the Regional EMS Councils to prepare and submit their nomination packets for the Governor's EMS Awards.
- PR assistant placed order for the Governor's EMS Award pyramids, which will be presented to winners at the Governor's EMS Awards banquet.

- Sept. 13 - 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, submitted in October 5, 2017.

Media Coverage

The PR coordinator (and PR assistant when providing back-up coverage) was responsible for fielding the following OEMS and VDH media inquiries July – September, and submitting media alerts for the following requests:

- July 14 – Reporter from the News and Advance requested info regarding Altavista EMS.

- July 25 – Reporter from the News and Advance FOIA requested Altavista case file.

- July 27 – Reporter from the News and Advance requested clarification regarding the Altavista case file.

- August 8 – Reporter from the News and Advance requested follow-up status of the citation recommendations for Altavista EMS.

- August 9 – Reporter from the News and Advance requested any additional compliance cases related to Altavista EMS.

- August 11 – Reporter from the News and Advance was seeking clarification on Altavista EMS investigation and freestanding ED.

- August 18 – Reporter from the Altavista Journal FOIA requested case file for Altavista EMS.

- September 27 – Reporter from the Virginian-Pilot requested status of Children's Hospital of the King's Daughters' as a provisional pediatric trauma center

- September 29 – Reporter from The Elizabethton Star requested an update regarding the MSHA/Wellmont merger.

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.

    - Participated in the CommonHealth Agency Coordinator meeting held on September 22.

- 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.

- Upon request, the PR coordinator creates certificates for free Symposium registrations to be used at designated Regional EMS Council events.

- PR coordinator provides assistance for the preparation of some responses for constituent requests.

- PR coordinator and PR assistant respond to requests from the community by sending out letters, additional information, EMS items, etc.

- The PR coordinator and PR assistant provide reviews and edits of internal/external documents as requested.

- The PR coordinator is responsible for monitoring social media activity and requests received from the public. She forwards questions to respective OEMS division managers and provides response to the inquiries through social media.

- The PR coordinator is responsible for coordinating and submitting weekly OEMS reports to be used in the report to the Secretary of Health and Human Resources.

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.

- **VDH Communications Conference Calls (Ongoing) -** The PR coordinator participates in bi-weekly conference calls and polycoms for the VDH Communications team.

- PR coordinator participates in monthly Agencywide Communications Committee meetings.

- PR coordinator assigned to work on the VDH website/social media subcommittee.

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

- **July 17 - OEMS Awards $4M+ in RSAF Grants**

  On July 1, 2017, the Office of Emergency Medical Services (OEMS) awarded the Rescue Squad Assistance Fund (RSAF) grants. OEMS received 134 grants requesting $10,800,277.00 in funding and awarded 86 grants in the amount of $4,086,454.00. The financial assistance for the Emergency Medical Services Grants Program, known as the RSAF Grant Program, is a multimillion dollar grant program for Virginia nonprofit EMS agencies and organizations. Items eligible for funding include EMS equipment, vehicles, computers, EMS management programs, courses/classes and projects benefiting the recruitment and retention of EMS members. Special recognition goes to Grants Manager Amanda Davis and Grants Specialist Linwood Pulling for their continued hard work and dedication to the grants program.

Regulation and Compliance

VII. Regulation and Compliance

The Division of Regulation and Compliance performs the following tasks:

- Licensure
  - EMS Agency and vehicles
- Regulations/Compliance
  - EMS Agencies
  - EMS Vehicles
  - EMS Personnel
  - RSAF Grant Verification
  - Regional EMS Councils
  - EMS Physicians
  - Virginia DDNR
- Background Check Unit
- EMS Physician Endorsement

The following is a summary of the Division's activities for the third quarter, 2017:

EMS Agency/Provider Compliance

Enforcement	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	CY2014	CY2015	CY2016	CY2017 YTD
Citations	**25**	**26**	**12**		**40**	**55**	**53**	**63**
EMS Agency	14	13	6		22	23	23	33
EMS Provider	11	13	6		18	32	30	30

Verbal Warning	**0**	**1**	**3**		**21**	**6**	**7**	**4**
EMS Agency	0	0	2		11	5	3	3
EMS Provider	0	1	1		10	1	4	2
Correction Order	**11**	**13**	**4**		**59**	**64**	**62**	**28**
EMS Agency	11	13	4		59	64	62	28
EMS Provider	0	0	0		0	0	0	0
Temp. Suspension	**7**	**2**	**3**		**20**	**26**	**25**	**12**
EMS Agency	1	0	0		0	0	0	1
EMS Provider	6	2	3		12	26	25	11
Suspension	**3**	**0**	**3**		**11**	**15**	**11**	**6**
EMS Agency	0	0	0		1	0	0	0
EMS Provider	3	0	3		5	15	11	3

Revocation	3	1	0		**7**	**8**	**4**	**4**
EMS Agency	0	0	0		0	0	0	0
EMS Provider	3	1	0		4	8	4	4
Compliance Cases	**55**	**45**	**28**		**202**	**166**	**121**	**128**
EMS Opened	37	15	10		140	112	71	72
EMS Closed	18	15	11		62	54	48	44
Drug Diversions	**3**	**5**	**10**		**21**	**15**	**16**	**18**
Variances	**2**	**2**	**4**		**29**	**23**	**16**	**8**
Approved	2	1	3		16	14	13	6
Denied	0	1	1		13	9	3	2

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

July 11 – PEMS

August 29 – Demark; Mitchell; Halsey; Massey

Licensure

Licensure	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	CY2014	CY2015	CY2016	CY2017
EMS Agency	633	626	626		669	646	638	626
New	2	1	1				6	4
EMS Vehicles	4,217	4,256	4,537		4,137	4,568	4,227	4,537
Inspection	754	976	664		2,997	2,854	3,400	1,730
EMS Agency	108	85	68		289	319	222	261
EMS Vehicles	516	756	441		2,261	1,964	2,564	1,713
Spot	130	135	155		447	571	563	420

Background Check Unit

The Office of EMS began the process of conducting criminal history records utilizing the FBI fingerprinting process through the Central Criminal Record Exchange of the Virginia State Police on July 1, 2014. There is a dedicated section on the OEMS website with relevant information about this process can be found at the following URL: http://www.vdh.virginia.gov/emergency-medical-services/regulations-compliance/criminal-history-record/ .

The Background Unit recently welcomed the addition of Ms. Pamela Busch. Ms. Busch filled the vacant wage position created when Katie Hodges left OEMS for full-time employment. The backlog of scanning and reporting has dramatically decreased after Pamela began work.

Background Checks	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	CY2014	CY2015	CY2016	CY2017 YTD
Processed	2,366	1,883	1,855		3,488	6,773	8,157	6,104
Eligible	2,120	1,181	1,290		2,683	5,415	5,916	4,591
Non-Eligible	8	6	4		19	50	46	18
Outstanding	13	78	369		546	1,091	1,362	460
Jurisdiction Ordinance	246	351	222			189	1,167	819

Regulatory

OEMS staff continue to work with key EMS stakeholder groups to review suggested revisions to sections of the current EMS Regulations (12VAC5-31). Once completed, these recommended changes will be sent to the Rules and Regulations Committee of the state EMS Advisory Board for review and then submitted as a regulatory review packet.

- A Notice of Intended Regulatory Action (NOIRA) closed without any public comments submitted. OEMS Staff will be working to complete the required documentation for the next step for the "Proposed" EMS Regulations. A work session of the Rules and Regulations Committee is set for October 25 (Waynesboro) to finalize a draft of the "Proposed" EMS Regulations (Chapter 32) with the intent of submitting to the state EMS Advisory Board at their February 2018 meeting.

- OEMS staff has submitted to the Office of the Commissioner the "Final Exempt" regulatory package reflecting the changes from HB 2153 (2017) regarding recognition by EMS personnel of valid out-of-state Durable Do Not Resuscitate (DDNR) orders. http://leg1.state.va.us/cgi-bin/legp504.exe?171+ful+CHAP0179

EMS Physician Endorsement

Number of Endorsed EMS Physicians: As of October 4, 2017: 225

The regional OMD workshops have concluded for this time period. Courses will restart with the November 2017 EMS Symposium.

Interested OMD's can contact the Office to register for the upcoming workshops. 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 September 6-8, 2017 in Lynchburg, Virginia. The next quarterly staff meeting is scheduled for December 6-8, 2017 in Glen Allen, Virginia. In 2018, OEMS field staff will begin meeting every two months in order to improve communication and workflow.

During the third quarter of CY2017 OEMS staff have provided technical assistance and conducted educational presentations to EMS agencies, entities and local governments as requested:

August 11 – Met with UVA regarding potential research project

August 15 – Attended NFPA 1917 Ambulance Standards meeting – Nashville, TN

August 30 – Conducted regulatory update for annual PHI training – Charlottesville

September 5 – Second meeting with UVA regarding potential research project

September 21 – Attended Remount Forum with Commission on Accreditation of Ambulance Services (CAAS) Ground Vehicle Standards (GVS) – Raleigh, NC

September 28 – OEMS Update – VAVRS Conference, Virginia Beach

OEMS field staff assists the OEMS Grants Manager and the RSAF program by performing reviews of submitted grant requests as well as 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 Licensure and Investigation Lotus Notes database to a new Oracle database for the Division of Regulation and Compliance. Beta testing is being conducted for the month of October with a planned implementation date of November 2017.

Michael Berg will be presenting at the EMS World Expo in Las Vegas on October 19 – Ambulance Purchaser Conclave and subsequently moderate a panel discussion on the ambulance industry with a panel of experts.

> *Division Manager Mr. Michael D. Berg, MPA, NRP has submitted his resignation from the Office of EMS effective October 27, 2017. Michael began work for the Office in June 2004 and is leaving to assume the Manager's position for the UVA Medical Transportation Network in Charlottesville, VA. The position is responsible for providing oversight to the Pegasus air medical program, NETS, Medic V and the Special Events Medical Management (SEMM) program. Michael has a reputation as a knowledgeable, approachable, honest, and fair leader in Virginia EMS. The Office of EMS has also encouraged him to represent the Commonwealth at the national level through the National Association of State EMS Officials (NASEMSO) and the National Fire Protection Association (NFPA). The Office of EMS wishes Michael good fortune and well wishes in his new position (which will be closer to home for him!). Michael has stated he intends to remain active at local, regional and state EMS through various committees as well as his involvement at the national level.*

The Office is currently seeking approval to begin the process of recruiting for the Regulation and Compliance Manager position. In the interim, unit work activities will be handled by the Assistant Director and the two EMS Program Representative field supervisors.

Technical Assistance

VIII. Technical Assistance

EMS Workforce Development Committee

The EMS Workforce Development Committee met on August 4, 2017. The meeting minutes are available on the OEMS website, at the link below:
http://www.vdh.virginia.gov/emergency-medical-services/advisory-board-committees/workforce-development-committee/

The committee is scheduled to meet at 10am on Friday, November 10, in conjunction with 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 met on July 27 to continue 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).

A pilot of the EMS Officer I program is being offered as a session at the 2017 Virginia EMS Symposium, with 28 students registered for the class. The workgroup may make adjustments to the program based on feedback received from that course.

Standards of Excellence (SoE) Sub-Committee

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

Each Area of the Excellence is reviewed using an assessment document that details optimal tasks, procedures, guidelines and best practices necessary to maintain the business of managing an EMS agency.

All documents related to the SoE program can be found on the OEMS website at the link below:

http://www.vdh.virginia.gov/emergency-medical-services/virginia-standards-of-excellence-program/

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

The Virginia Recruitment and Retention Network

The Virginia Recruitment and Retention Network met on June 15, 2017 at the Inn at Virginia Tech, in conjunction with VAVRS Rescue College.

The next meeting is scheduled to be an informal social event to be held on Friday November 10, 2017 at 5:30 PM, in conjunction with the 2017 Virginia EMS Symposium.

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.

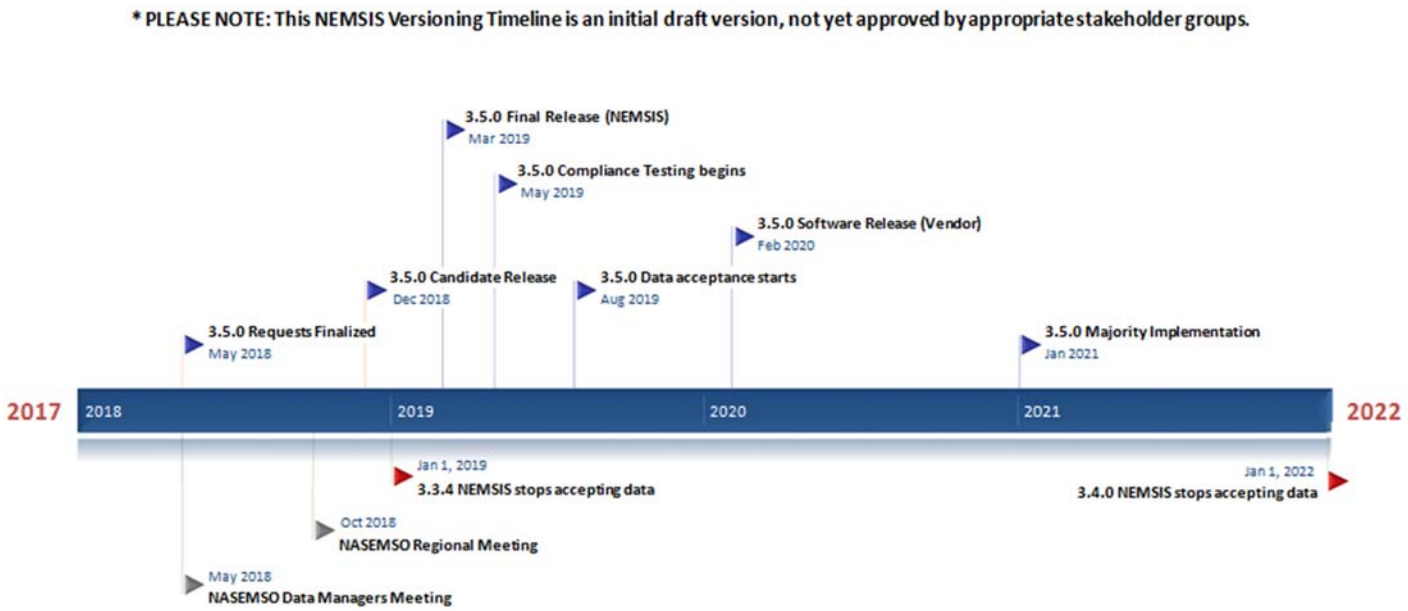
Several changes have been made to the Recruitment and Retention page on the OEMS website to give it a more streamlined appearance. Links to pertinent reference documents are expected to be added to the page in the coming months.

Trauma and Critical Care

IX. Trauma and Critical Care

Patient Care Informatics

- ImageTrend Elite
    - OEMS and EMS agencies who utilize the State system have been experiencing decreased functionality of the Elite Report Writer module since the transition from ImageTrend cloud hosting to data storage on our internal VITA servers. In addition, there have been periods in which EMS data has not been replicated to the module which has inhibited our ability to provide timely and accurate data reporting. OEMS leadership is working closely with ImageTrend staff to resolve these ongoing issues within a defined timeframe.
        - Support staff fielded over 400 emails, support tickets and phone calls for the following issues:
            - Account maintenance
            - Web Service integration setups
            - Report Writer issues
            - Compliance issues working with Regulation and Compliance staff
            - Elite process education
- NEMSIS
    - A revised timeline for the transition to NEMSIS Version 3.5.0 was proposed at the October 2017 NASEMSO meeting in Oklahoma City. The attendees felt that the planned implementation schedule was too aggressive and was placing an undue burden on the system. The group was in agreement that the frequency of version updates from NEMSIS is difficult for many states and agencies to implement as evidenced by the variation in version usage across the country. NEMSIS has posted a draft timeline with at January 2022 deadline that is pending approval.



Initial Draft of NEMSIS Versioning Timeline – NEMSIS

- **EMS Data**
    - **Submission and Data Quality:** Staff works monthly with EMS agencies and the Regulation and Compliance Division to improve the quality of the data that is being submitted to the Elite system.
        - The latest Data Quality Report and Data Submission Compliance Reports can be found on the Knowledgebase:
            - EMS Data Submission Compliance and Data Quality Reports (May-Aug 2017)

Note: As of 1/1/2017, reports submitted by EMS agencies under VPHIB v2 are out of compliance are not included in this report.

Virginia
OFFICE OF EMERGENCY MEDICAL SERVICES
Virginia Department of Health

EMS Data Submission Compliance Summary By EMS Council Region, May-Aug 2017

EMS Council Region	Full Reporting (FR)	Behind Reporting (BR)	Not Reporting (NR)	Grand Total	Percent Full Reporting
Blue Ridge	26	2	2	30	86.7%
Central Shenandoah	46	7	3	56	82.1%
Lord Fairfax	15	1	0	16	93.8%
Northern Virginia	31	3	2	36	86.1%
Old Dominion	68	18	3	89	76.4%
Peninsulas	39	3	3	45	86.7%
Rappahannock	31	2	3	36	86.1%
Southwest Virginia	63	7	11	81	77.8%
Thomas Jefferson	24	1	3	28	85.7%
Tidewater	40	8	2	50	80.0%
Western Virginia	75	6	6	87	86.2%
Out of State	9	1	0	10	90.0%
Grand Total	467	59	38	564	82.8%

Full Reporting (FR) - EMS Agencies Reporting All 4 Months
Behind Reporting (BR) - EMS Agencies Missing 1-2 Months
Not Reporting (NR) - EMS Agencies Missing 3-4 Months

EMS Data Quality Report, May-Aug 2017

Agency ID	Agency Name	Average Validity Score					EMS Agency Locality
		May 2017	Jun 2017	Jul 2017	Aug 2017	May-Aug	
438	Abingdon Ambulance Service	92.38	92.09	89.76		91.50	Washington County
1352	Air Methods Corporation D/B/A Health Net Aeromedical Service	71.97	75.56	60.19	43.28	63.48	Out of State
1186	Air Methods Inc. / Rocky Mountain Holdings LLC.	90.81	89.45	89.21	88.66	89.44	Dinwiddie County
1316	Aircare	80.80	83.53	67.93	53.11	69.60	Out of State
1257	American Medical Response Mid-Atlantic, Inc.	92.30	92.26	84.61	79.08	86.73	Out of State
199	Bland County Volunteer Rescue Squad	93.64	94.11	86.33	81.06	88.31	Bland County
405	Buckhall Volunteer Fire & Rescue	89.50	85.63	82.17	83.92	85.59	Prince William County
315	Children's Hospital of the King's Daughters	93.63	93.72	83.91	83.37	88.93	Norfolk
1169	Chilhowie Ambulance Service, Inc.	92.71	92.94	89.91		92.01	Smyth County
88	Dale City Volunteer Fire Department	82.19	84.14	85.44	74.99	81.74	Prince William County
94	Dumfries-Triangle Rescue Squad	83.75	68.05	83.56	79.13	77.56	Prince William County
711	Dumfries-Triangle Volunteer Fire Department	94.53	94.50	91.17	89.32	92.32	Prince William County
1356	Fast Track EMS, LLC	93.95	93.98	89.38		92.46	Chesapeake
83	Lake Jackson Volunteer Fire Department	88.00	87.00	84.59	79.37	84.03	Prince William County
1029	Madison County Emergency Medical Services	92.52	92.82	86.79	84.72	89.08	Madison County
1321	Med-Trans Corporation DBA Carilion Clinic Life-Guard	83.49	83.30	81.21	84.01	82.86	Roanoke
586	Mid-Atlantic Air Transport Service	89.00	93.75	84.13	85.16	87.79	Out of State
86	Nokesville Volunteer Fire Department & Rescue Squad	79.82	74.62	74.29	69.56	74.99	Prince William County
319	Norfolk Fire-Rescue	94.94	94.85	93.68	95.52	94.74	Norfolk
1341	Nucare Carolina Ambulance, Inc.	94.94	95.20	93.86	87.10	93.51	Hampton
89	O.W.L. Fire Department & Rescue Squad	86.16	86.32	84.85	80.81	84.61	Prince William County
1242	Phi Air Medical, LLC	67.86	74.46	77.66	81.36	76.03	Loudoun County
90	Prince William County Department of Fire & Rescue	66.31	65.46	64.09	57.20	63.39	Prince William County
84	Stonewall Jackson Volunteer Fire Department/Rescue	85.88	87.18	85.99	80.41	84.91	Prince William County
1349	Swift Medical Transport	95.85	94.74	88.38	82.25	92.13	Virginia Beach
865	T.A.C. Projects, Inc.	86.83	87.50	80.75	86.00	86.18	Prince William County
1347	VCU Health System	94.50	91.50	87.00	86.00	90.10	Dinwiddie County

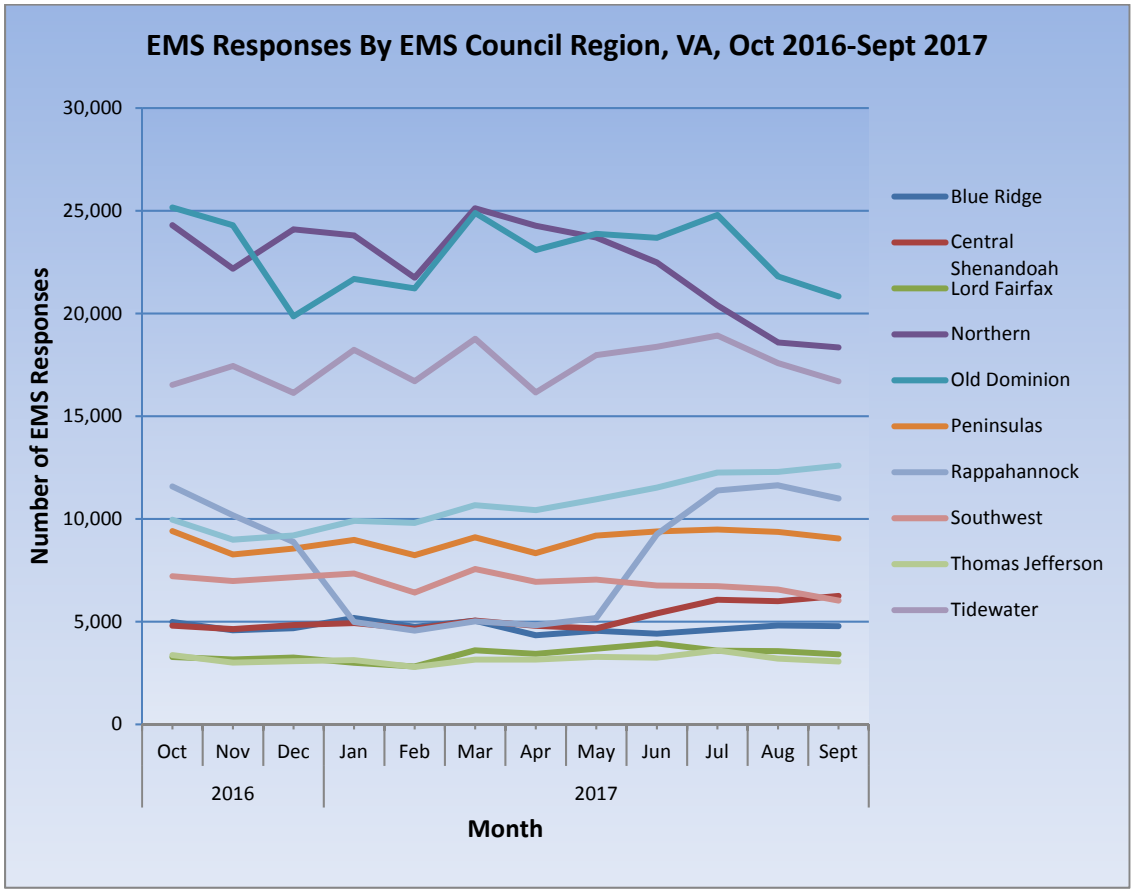
Note: Data is compiled from patient medical records submitted to the Virginia Pre-Hospital Information Bridge (VPHIB) program (VAv3 Elite) with the Virginia Department of Health, Office of Emergency Medical Services (OEMS), Division of Trauma/Critical Care for May-Aug 2017 as of 9/22/2017. Numbers do not include any reports submitted under VPHIB v2. EMS agencies should be reporting to VAv3 as of 1/1/2017.

Green/Acceptable = 98.00-100.00
Yellow/Below Average = 95.00-97.99
Red/Poor = 0.01-94.99
Black/Poor <= 0.00

- **EMS Volumes**

EMS Responses By EMS Council Region Summary, VA, Q4 2016-Q3 2017

EMS Council Region	Q4 2016		Q1 2017		Q2 2017		Q3 2017		Grand Total	Pe
	Total	Percent	Total	Percent	Total	Percent	Total	Percent		
Blue Ridge	14,237	4.0%	14,982	4.3%	13,313	3.7%	14,208	3.9%	56,740	
Central Shenandoah	14,283	4.0%	14,635	4.2%	14,878	4.2%	18,316	5.0%	62,112	
Lord Fairfax	9,697	2.7%	9,425	2.7%	11,061	3.1%	10,564	2.9%	40,747	
Northern	70,577	19.6%	70,668	20.2%	70,455	19.7%	57,343	15.6%	269,043	
Old Dominion	69,316	19.3%	67,793	19.4%	70,654	19.8%	67,442	18.4%	275,205	
Peninsulas	26,235	7.3%	26,324	7.5%	26,919	7.5%	27,904	7.6%	107,382	
Rappahannock	30,646	8.5%	14,566	4.2%	19,255	5.4%	34,019	9.3%	98,486	
Southwest	21,364	5.9%	21,327	6.1%	20,751	5.8%	19,317	5.3%	82,759	
Thomas Jefferson	9,452	2.6%	9,078	2.6%	9,686	2.7%	9,862	2.7%	38,078	
Tidewater	50,111	13.9%	53,705	15.3%	52,511	14.7%	53,211	14.5%	209,538	
Western	28,150	7.8%	30,388	8.7%	32,909	9.2%	37,139	10.1%	128,586	
Other/Out of State	15,348	4.3%	17,371	5.0%	15,248	4.3%	17,827	4.9%	65,794	
Grand Total	359,416	100.0%	350,262	100.0%	357,640	100.0%	367,152	100.0%	1,434,470	1



- **Trauma Triage:** The Trauma Triage report is a collaborative effort between the members of the Trauma Performance Improvement Committee, chaired by Dr. Forrest Calland and OEMS Data Analytics staff led by Dwight Crews. The Trauma Triage data is now being reported out quarterly because the team felt that this schedule would allow for more timely analysis and performance improvement. The full reports can be found on the OEMS website at:
  EMS and Trauma Data- Emergency Medical Services

  - Quarter Two Summary

    - EMS agencies in Virginia responded to 24,848 trauma incidents for Q2 2017. The Old Dominion EMS Council Region was the region with the highest number of trauma calls (5,233).

    - 1,835 or 7% of all trauma incidents (24,848) involved patients who met one or more of the Virginia Field Trauma Triage Step 1 Criteria; the percentage was the same in 2016.

    - 43% of all trauma patients who met Virginia Field Trauma Triage Step 1 Criteria (1,835) were taken to non-trauma centers (Sub-optimal trauma triage), while 55% were taken to trauma centers. In 2016, similarly, 44% of trauma patients were taken to non-trauma centers.

    - The EMS Council Regions that reported the highest percentage of Step 1 Trauma Triage patients being transported to non-trauma centers were Central Shenandoah (91%), Southwest Virginia (63%), Peninsulas (56%) and Northern (47%).

    - 11% of the trauma cases (24,848) had patients with incomplete vital signs reported for Q2 2017; improved from the numbers that were reported for 2016 (20%). Incomplete vital signs include vitals that are missing any combination of systolic blood pressure, respiratory rate, or Glasgow Coma Scale (GCS); the vital sign measures needed for trauma triage step 1 criteria. 88% of the patients had all 3 vital signs reported.

    - 97% percent of trauma patients had systolic blood pressure, 97% had respiratory rate, and 91% had Glasgow Coma Scale (GCS)

documented. The documentation of GCS increased by 7% from 2016 (84%) showing that recording vitals have improved.

Quarterly Summary	Q1 2017	Q2 2017
Number of Trauma Incidents	21,541	24,848
Patients with All 3 Vital Signs Reported	87.2%	88.3%
Patients with Incomplete Vital Signs	12.6%	10.8%
Patients with No Vital Signs Data	0.2%	0.9%
Patients with Systolic Blood Pressure	97.5%	97.0%
Patients with Respiratory Rate	97.9%	97.2%
Patients with Glasgow Coma Scale (GCS)	89.7%	90.7%
Overall Percent	95.1%	95.0%
Patients Met Step 1 Criteria	7.4%	7.4%
Patients Did Not Meet Step 1 Criteria	92.4%	91.7%
Patients with No Data	0.2%	0.9%
Number of Trauma Patients Met Step 1	1,597	1,835
Patients Met Step 1 Taken to Trauma Center	50.8%	54.7%
Patient Met Step 1 Taken to Non Trauma Center	48.5%	43.3%
Patient Met Step 1 Taken to Unknown Hospital	0.8%	2.0%

- **Opioid Data:**

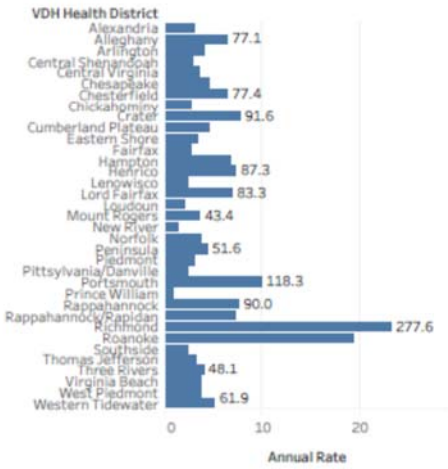
  - The VDH Addiction Work Group is tasked with developing strategies to combat opiate related drug overdose deaths in the Commonwealth. EMS data is playing a key role in the prevention process and we provide monthly Narcan usage reports to Dr. Melton, the Health District Managers and Regional Council Directors as a part of the ongoing surveillance efforts. The most recent quarterly report can be found on the Virginia Department of Health website at Opioid Addiction – Data.

EMS Narcan Administration Rates (Per 100,00 Persons) By VDH Health District By Month, VA, Oct 2016-Sept 2017

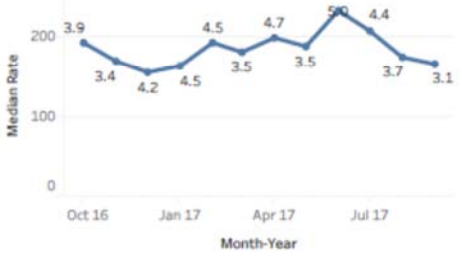
VDH Health District	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Grand Total
Alexandria	5.7	3.6	2.1	5.7	1.4	3.6	6.4	2.1	2.1	0.7	0.7	2.9	37.2
Alleghany	2.8	5.6	1.7	4.5	4.5	5.1	3.9	13.5	11.3	5.6	12.4	6.2	77.1
Arlington	3.9	3.4	5.8	4.3	2.9	4.3	5.3	2.9	6.7	5.3	1.0	2.4	48.2
Central Shenandoah	2.4	2.1	1.7	4.2	3.5	3.1	2.8	2.4	2.8	1.4	2.4	4.2	33.1
Central Virginia	4.0	3.6	5.9	2.0	1.2	4.4	3.2	3.6	4.4	3.6	3.6	3.2	42.4
Chesapeake	6.8	4.1	5.4	4.5	5.0	3.2	5.4	3.2	3.6	5.9	4.5	2.7	54.0
Chesterfield	5.8	6.1	8.0	5.5	5.3	3.0	4.7	8.3	5.0	9.7	7.7	8.3	77.4
Chickahominy	1.4	0.7	1.4	2.7	1.4	0.7	3.4	0.7	3.4	11.5	2.7	2.7	32.6
Crater	3.8	6.4	4.5	5.1	9.6	4.5	5.1	10.9	12.2	12.2	9.6	7.7	91.6
Cumberland Plateau	4.4	5.3	4.4	5.3	6.1	2.6	6.1	4.4	5.3	6.1	1.8	1.8	53.5
Eastern Shore	0.0	2.2	6.6	6.6	0.0	4.4	4.4	0.0	0.0	4.4	4.4	6.6	39.5
Fairfax	3.9	2.7	1.9	2.9	2.7	3.2	2.9	2.1	2.8	2.1	2.6	2.1	31.8
Hampton	16.7	8.0	13.1	17.5	8.0	7.3	1.5	2.2	0.7	1.5	1.5	2.2	80.0
Henrico	5.9	6.2	7.8	5.9	13.0	7.2	11.1	7.2	6.5	6.2	4.9	5.5	87.3
Lenowisco	2.1	1.1	1.1	1.1	6.4	2.1	2.1	3.2	0.0	3.2	3.2	4.2	29.7
Lord Fairfax	11.7	7.2	5.0	5.0	12.6	9.9	5.4	5.4	4.1	7.2	2.7	7.2	83.3
Loudoun	4.5	2.6	3.2	4.2	1.6	1.3	1.9	0.6	1.6	1.3	0.6	1.0	24.3
Mount Rogers	3.6	3.1	1.5	4.6	2.1	4.6	4.1	1.5	3.1	5.7	6.2	3.1	43.4
New River	1.7	1.1	0.0	1.1	1.7	0.0	2.2	1.1	2.2	1.1	2.2	0.6	15.1
Norfolk	2.1	0.4	2.1	8.2	4.5	2.1	4.9	2.9	7.4	4.5	3.3	2.1	44.5
Peninsula	6.2	2.7	4.4	4.4	6.2	5.3	2.9	5.0	2.4	4.1	3.5	4.4	51.6
Piedmont	1.0	1.9	1.9	1.9	5.7	2.9	4.8	4.8	5.7	1.9	2.9	1.9	37.3
Pittsylvania/Danville	1.9	1.9	2.8	0.9	0.0	1.9	4.7	2.8	1.9	2.8	3.8	1.9	27.2
Portsmouth	7.3	11.5	4.2	7.3	7.3	9.4	8.4	14.7	14.7	9.4	8.4	15.7	118.3
Prince William	0.9	1.5	1.1	1.1	1.1	1.5	0.7	0.2	1.3	0.7	0.4	0.9	11.5
Rappahannock	8.8	4.0	6.7	8.5	4.9	9.8	7.0	5.8	7.9	11.9	6.7	7.9	90.0
Rappahannock/Rapidan	6.0	10.8	6.0	6.6	3.6	9.0	9.6	6.0	9.0	7.2	6.6	4.8	85.5
Richmond	26.9	33.8	5.9	9.3	25.5	25.0	29.4	26.0	28.9	30.8	19.6	16.6	277.6
Roanoke	20.6	9.3	15.5	5.2	21.6	19.6	14.4	22.7	42.3	20.6	21.6	18.6	231.9
Southside	1.2	0.0	2.3	1.2	3.5	3.5	3.5	3.5	3.5	0.0	4.6	2.3	28.9
Thomas Jefferson	3.4	3.0	3.4	3.4	1.7	3.0	3.8	2.6	5.1	4.7	2.1	2.6	38.8
Three Rivers	2.8	2.1	5.0	5.0	4.2	2.8	4.2	3.5	5.7	4.2	4.2	4.2	48.1
Virginia Beach	3.9	3.4	3.2	2.7	4.6	1.8	6.4	3.0	5.7	3.4	3.7	2.5	44.3
West Piedmont	3.5	2.8	4.2	1.4	3.5	5.6	5.6	3.5	7.0	2.8	4.2	0.7	44.9
Western Tidewater	5.4	5.4	5.4	3.4	6.1	3.4	6.8	6.1	7.5	4.1	4.1	4.1	61.9

0.0 42.3

EMS Narcan Annual Rates (Per 100,000 Persons) By VDH Health District, VA, Oct 2016-Sept 2017



EMS Narcan Median Rates (Per 100,000 Persons) By Month, VA, Oct 2016-Sept 2017



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 Oct 2016-Sept 2017 as of 10/16/2017. Data include all EMS responses in which the patient was treated by EMS providers and demonstrated an improved response after being given naloxone (Narcan). An improved response after being administered Narcan indicates Narcan was successful in temporarily reversing the effects of an opioid overdose.

Trauma System

- Trauma System Plan Taskforce

    - The Trauma System Plan Taskforce is a 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 meet quarterly with their most recent meeting June 1, 2017 in Richmond. The workgroups are continuing

work on their draft strategic plans for submission to the Trauma System & Oversight Committee's approval prior to submission to this Board.

- The membership rosters, meeting dates, locations and meeting minutes can be found on the new OEMS web site at Trauma System – Emergency Medical Services.

Trauma Center Designations

- Verification Visits
  - Reston Hospital center underwent a successful one-year provisional period follow up visit and the site review team recommended designation. The Commissioner has granted them full designation.
  - Johnston Willis Hospital underwent their triennial survey and the Commissioner has granted them full designation.
  - Southside Regional Medical Center underwent a six-month conditional designation site visit on July 12, 2017. The Commissioner has granted them an additional one-year conditional designation.
  - Lynchburg General Hospital had their triennial survey on September 12, 2017 and the team has submitted their report to the Commissioner.
  - Mary Washington Hospital underwent a triennial survey on September 28, 2017. The team has submitted their report to the Commissioner.
- Designation Visits
  - Children's Hospital of the Kings Daughters had their initial designation visit on July 25, 2017. The Commissioner has granted them a one-year provisional designation as a Level I Pediatric center.
- Upcoming
  - Norfolk General Hospital has submitted their letter of intent to seek Level I Burn designation.

EMS for Children

- Pediatric Disaster Planning
  - Office of Emergency Preparedness – As previously outlined in an official collaboration letter, the EMSC Program will be assisting OEP with specific objectives in their federal grant, and they will be assisting EMSC achieve national EMSC Performance Measures related to pediatric emergency preparedness.
  - VA Sheltering Plan – EMSC is representing the needs of children as part of the Virginia Mass Care Task Force, which has been tasked with totally redesigning the Commonwealth's emergency sheltering program. The initial planning structure necessary to support this process was the first large task and is now undergoing final approval. EMSC will soon be assigned to the appropriate work group(s) for continuation of the process, ultimately through implementation.
  - NASEMSO Health and Medical Preparedness Council (formerly the Disaster Preparedness Committee) – As liaison to the former committee form the Pediatric Emergency Care Council (PECC), the Virginia EMSC Coordinator has been requested to serve in the same capacity to the new Council, which held its first meeting at last month's NASEMSO Fall Meeting in Oklahoma.
  - Regional hospital groups – (EMSC is engaged with two regional groups in pediatric preparedness projects--soon to be more) as part of its on-going relationship with the Hospital Preparedness Program (HPP) and the Virginia Hospital and Healthcare Association (VHHA).
- Trauma State Plan - EMSC has been helping facilitate pediatric representation and input at every level possible in this on-going process. Some of the work groups have been modified and all are being re-tasked to a degree as the plan for remaking the Virginia Trauma System matures. If you are not already involved in this process and wish to be, please contact David Edwards, EMSC Coordinator (david.edwards@vdh.virginia.gov) or Timothy Erskine, State Trauma Coordinator (Timothy.Erskine@vdh.virginia.gov).
- NASEMSO (National Association of State EMS Officials) had a very productive 2017 Fall Meeting in Oklahoma City last month, and the PECC (Pediatric Emergency Care Council) met for a full day on Monday, October 9 as part of that group. In addition, there was a very productive meeting of the Safe Transport of Children Ad Hoc Committee as the process of setting up and funding ambulance standards development and its associated crash testing "wobbles" forward.
- 38th Annual EMS Symposium – In addition to the dedicated pediatric track supported by the Virginia EMSC Program's federal grant funding (which also helps keep the cost of Symposium low), the EMSC Program is preparing reference resources to have available at the Annual EMS Symposium being held November 8-12 in Norfolk:

- Registration packet flyer announcing the national EMS Agency Survey to collect baseline data in relation to the three new EMSC Performance Measures. Virginia is in **Cohort 10**, which will survey during a 90-day window (December 1, 2017 – February 28, 2018).
- EMSC Vendor Table in the Symposium hallway with information about:
  - National EMSC Performance Measures (PMs)
    - New PMs explained (EMSC 01, EMSC 02, EMSC 03)
    - Existing PMs defined (EMSC 04, EMSC 05, EMSC 06, EMSC 07. EMSC 08, EMSC 09)
  - Reducing Pediatric Medication Errors (documentation, age, weight in kg.)
  - Safe Transport of Children (recommendations for ground ambulances)
  - Pediatric Readiness for EMS agencies (Checklist)
  - Pediatric Disaster Planning for Hospitals (Checklist and tools)
  - Peds Ready (hospital) Project - core gaps remaining for some hospitals
  - Links to additional EMSC program resources nationally
  - Injury prevention (safe sleep, kids in hot cars, pool safety, window blinds, car seat emergency ID sticker, choking game, inhalation …, family preparedness kits/plans)

- CPS Recertification Offering Well Received – The *CPS (Child Passenger Safety) Technician Recertification Course* the EMSC Program co-sponsored with VA Safe Kids August 17th was a success. Held at the Insurance Institute for Highway Safety (IIHS) in Ruckersville, VA, the course was ably taught by Deputy Lee Bailey of New Kent Sheriff's Office.

- Safe Transport of Children – A *"Pediatric EMS Transport"* PowerPoint presentation has been developed and "field tested" the evening of September 26th at the Continuing Education Dinner sponsored by HCA at Chippenham Medical Center. Further modifications will continue, but anyone wishing to use this presentation as a basis for their own may contact David Edwards (david.edwards@vdh.virginia.gov) for a copy. The Pediatric Emergency Care Council (PECC) of NASEMSO is also working to create presentations others can use to spread information regarding the current "safe transport" recommendations.

- Special Initiative Funding Opportunity Possible – This is the method that may be chosen to distribute a limited number of child restraint systems to volunteer EMS agencies as EMSC funding allows. Keep an eye open for further announcements, which will be widely made if this comes to fruition.

Virginia EMSC State Partnership Grant Notes

- EMSC All-Grantee Meeting – Titled *"EMSC Quality Transformation Meeting: Moving Forward with the Mission"*, the biennial meeting of the core EMS for Children community held two months ago was packed with information and strategic planning for the future of the EMS for Children program. The meeting pulled together grantees from the following different components of the national EMSC program for collaboration:

  - SPROC (State Partnership Regionalization of Care) grantees.
  - TI (Targeted Issues) grantees.
  - PECARN (Pediatric Emergency Care Applied Research Network) grantees. PECARN consists of six research node centers, each of which is comprised of three hospital emergency department (ED) affiliates and one EMS agency affiliate. PECARN also includes a separate EMS research node with three EMS affiliates, funded through a Targeted Issues grant.
  - State EMSC State Partnership Grantees (like Virginia).

- Preparation Phase for EMS Agency Surveys – 3-month period (Sept. 1-Nov. 30) of preparation for the launch of EMS Agency Surveys by Cohort 10 (group of states and U.S. protectorates) on Dec. 1, 2017. The online survey, which will close Feb. 28, 2018, will collect "baseline data" in reference to two new EMSC Performance Measures (EMSC 02 & EMSC 03), before the 10-year measures go beyond their first year.

- New Grant Period Approaches – "Grant Guidance" for a new EMSC State Partnership Grant opportunity should arrive any day now. There is a required 60-day turnaround once the grant application is in hand. Some components of the application can be inferred, but every guidance is unique. The EMSC Program Coordinator is still soliciting creative suggestions for practical use of EMSC funding for the 4-yr budget projection in the way of projects or equipment ideas. As an example, here are some items currently being considered for the long-term budget…

  - More child restraint distributions to volunteer EMS agencies.
  - "Stop the Bleed" program support (to assist EMS Agencies and hospitals to use as outreach).
  - Child care emergency information forms (in the way of magnets, etc.).
  - Funds to help support initial ambulance standards development and crash-testing.
  - Funds to facilitate and support regional pediatric education/training.
  - On-site Emergency Department and EMS Agency pediatric readiness evaluations (if requested, and at no cost).
  - Other (to be determined from your input!). Please contact David Edwards in the Office of EMS at david.edwards@vdh.virginia.gov with your ideas as soon as possible.

Suggestions/Questions

Suggestions or questions related to the Virginia EMSC Program should be submitted to David Edwards via email, 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.

Funding for programmatic support is provided by the Virginia EMSC State Partnership Grant (H33MC07871).

Respectfully Submitted

OEMS Staff