

Virginia Department of Health
Office of Emergency Medical Services



Quarterly Report to the
State EMS Advisory Board

February 2, 2018

Executive Management, Administration & Finance

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

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MISSION STATEMENT:

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

I. Executive Management, Administration & Finance

A) Action Items before the State EMS Advisory for February 2, 2018

At the time of finishing this report there are two action items from a Standing Committee:

The Training & Certification Committee presents two motions to the State EMS Advisory Board for adoption. These motions are included in **Appendix B**.

B) Proposed Emergency Medical Services Budget for FY2019 and FY2020

Item 286	First Year - FY2019	Second Year - FY2020
Emergency Medical Services (40200)	\$44,851,484	\$44,581,484
Financial Assistance for Non Profit Emergency Medical Services Organizations and Localities (40203)	\$33,291,700	\$33,291,700
State Office of Emergency Medical Services (40204)	\$11,559,784	\$11,559,784

Fund Sources:

Special	\$18,559,266	\$18,559,266
Dedicated Special Revenue	\$25,886,329	\$25,886,329
Federal Trust	\$405,889	\$405,889

Authority: §§ 32.1-111.1 through 32.1-111.16, 32.1-116.1 through 32.1-116.3, and 46.2-694 A 13, Code of Virginia.

A. Out of this appropriation, \$25,000 the first year and \$25,000 the second year from special funds shall be provided to the Department of State Police for administration of criminal history record information for local volunteer fire and rescue squad personnel (pursuant to § 19.2-389 A 11, Code of Virginia).

B.1. Distributions made under § 46.2-694 A 13 b (iii), Code of Virginia, shall be made only to nonprofit emergency medical services organizations.

2. Out of the distribution made from paragraph 1, from the special emergency medical services fund for the Virginia Rescue Squad Assistance Fund, \$840,000 the first year and \$840,000 the second year shall be used for the purchase of new ambulance stretcher retention systems as required by the federal General Services Administration.

C. Out of this appropriation, \$1,045,375 the first year and \$1,045,375 the second year from the Virginia Rescue Squad Assistance Fund and \$2,052,723 the first year and \$2,052,723 the second year from the special emergency medical services fund shall be provided to the Department of State Police for aviation (med-flight) operations.

D. The State Health Commissioner shall review current funding provided to trauma centers to offset uncompensated care losses, report on feasible long-term financing mechanisms, and examine and identify potential funding sources on the federal, state and local level that may be available to Virginia's trauma centers to support the system's capacity to provide quality trauma services to Virginia citizens. As sources are identified, the commissioner shall work with any federal and state agencies and the Trauma System Oversight and Management Committee to assist in securing additional funding for the trauma system.

E. Notwithstanding any other provision of law or regulation, the Board of Health shall not modify the geographic or designated service areas of designated regional emergency medical services councils in effect on January 1, 2008, or make such modifications a criterion in approving or renewing applications for such designation or receiving and disbursing state funds.

F. Notwithstanding any other provision of law or regulation, funds from the \$0.25 of the \$4.25 for Life fee shall be provided for the payment of the initial basic level emergency medical services certification examination provided by the National Registry of Emergency Medical Technicians (NREMT). The Board of Health shall determine an allocation methodology upon recommendation by the State EMS Advisory Board to ensure that funds are available for the

payment of initial NREMT testing and distributed to those individuals seeking certification as an Emergency Medical Services provider in the Commonwealth of Virginia.

G. Out of this appropriation, \$90,000 the first year and \$90,000 the second year from the Virginia Rescue Squad Assistance Fund shall be provided for national background checks on persons applying to serve as a licensed provider in a licensed emergency medical services agency. The Office of Emergency Medical Services may transfer funding to the Office of State Police for national background checks as necessary.

C) § 3-1.01 INTERFUND TRANSFERS

S. The State Comptroller shall transfer quarterly, one-half of the revenue received pursuant to § [18.2-270.01](#), of the Code of Virginia, and consistent with the provisions of § 3-6.03 of this act, to the general fund in an amount not to exceed \$8,055,000 the first year, and \$8,055,000 the second year from the Trauma Center Fund contained in the Department of Health's Financial Assistance for Non Profit Emergency Medical Services Organizations and Localities (40203).

X. On or before June 30 each year, the State Comptroller shall transfer \$10,518,587 the first year and \$10,518,587 the second year to the general fund from the \$2.00 increase in the annual vehicle registration fee from the special emergency medical services fund contained in the Department of Health's Emergency Medical Services Program (40200).

D) § 3-6.02 Adjustments and Modifications to Fees

§ 3-6.02 ANNUAL VEHICLE REGISTRATION FEE (\$4.25 FOR LIFE)

Notwithstanding § 46.2-694 paragraph 13 of the Code of Virginia, the additional fee that shall be charged and collected at the time of registration of each pickup or panel truck and each motor vehicle shall be \$6.25.

§ 3-6.03 DRIVERS LICENSE REINSTATEMENT FEE

Notwithstanding § 46.2-411 of the Code of Virginia, the driver's license reinstatement fee payable to the Trauma Center Fund shall be \$100.

E) Budget Amendments

Item 286 1s

Senate Amendment - Chief Patron: Hanger

Eliminate Earmark for Ambulance Stretcher Retention Systems

(language only)

Health and Human Resources

Department of Health

Language

Page 243, strike lines 3 through 6.

Explanation

(This amendment eliminates budget language directing \$840,000 from the Rescue Squad Assistance Fund each year for the purchase of new ambulance stretcher retention systems. These funds will be allocated by the general distribution to non-profit EMS organizations as defined in § 46.2-694 A 13 b (iii) of the Code of Virginia.)

Item 297 #1s

Senate Amendment – Chief Patron: McPike; Co-Patron(s): Barker, Dunnavant, Howell, Surovell, Wexton

Data Subscription Fees for Hospitals and Stroke Data Analysis

	First Year - FY2019	Second Year - FY2020
Health and Human Resources		
Department of Health	\$126,900	\$310,019 GF

Language

Page 254, line 4, strike "\$26,093,899" and insert "\$26,220,799".

Page 254, line 4, strike "\$28,493,899" and insert "\$28,803,918".

Explanation

(This amendment provides \$126,900 the first year and \$310,019 the second year from the general fund for the Virginia Department of Health to (1) create a grant program for hospitals to pay their annual subscription fee, on a need basis, for the nationally recognized data set platform with confidentiality standards, and (2) add a position or contract out stroke data analysis and management. Any unspent funds in the grant program that are not spent by 2022 shall revert back to the general fund.)

F) Legislation Introduced in the 2018 Virginia General Assembly Directly Impacting EMS or Bills of Interest to EMS.

Legislation tracked by the Office of EMS is included in a Grid in **Appendix A** of this report. The status of these bills are as of Friday, January 26, 2018.

G) Year after rule change, 1 in 6 driver's licenses suspended in Virginia

(Published in the Richmond Times Dispatch – January 24, 2018)

A year after changes were implemented to help drivers win back their licenses, the licenses of nearly 1 million Virginians — almost one out of six licensed drivers — remain suspended, according to a new report.

The Legal Aid Justice Center reported Wednesday that as of last month, there were 974,349 suspended licenses in the state, due at least in part to court debt. Almost two-thirds of that number were suspensions solely for court debt.

The figure is roughly the same as a year earlier. The most readily available and comparable number from the Virginia Department of Motor Vehicles on Tuesday was for Sept. 3, 2016, when there were 977,891 suspended licenses in the state.

“It appears that these reforms have done little, if anything, to stem the breathtaking current of Virginians losing their licenses,” the center says. From November 2016 to last October there was an average of 835 new suspensions due to court debt each day, says the report.

The center contends that, “Driver’s license suspension for unpaid court debt is a blunt instrument. Under Virginia law, the hammer descends automatically whenever a person defaults on court debt, regardless of the reason for such default.”

The Charlottesville-based organization filed a class action lawsuit over the suspensions in July 2016 that was ultimately dismissed. It alleged the license suspensions of Virginians unable to pay court fines and costs — when those who can afford to pay keep their licenses — is discriminatory and violates constitutional protections.

Changes adopted by the Virginia Supreme Court took effect last February that, among other things, require all courts in the state to offer defendants unable to pay court fines and costs within 30 days deferred or installment payment plans before suspending their licenses.

The General Assembly also approved legislation to establish a standardized, statewide policy allowing deferred payment plans so defendants could pay fines and court costs over time without losing the right to drive — but last year the lawmakers rejected former Gov. Terry McAuliffe’s request to scrap the automatic suspension policy altogether.

Since the changes by the legislature and the justices, the center reviewed the payment plan policies in 116 general district courts across the state and of those, “not one gives any indication of how it evaluates ability to pay, and correspondingly, the inability to pay.”

“Most alarmingly, significant numbers of courts fail to consider debtors’ financial situations or provide low-income debtors with alternatives to rigid payment plan terms. The results can be devastating for individuals and their families forced to pay beyond their abilities,” says the center.

Among the center’s findings: More than one-third of the 116 court policies do not mention ability to pay at all and one-third do not mention community service as a way to work off debt, or explicitly disallow it. Of the courts that allow community service, many make it difficult to access or have rigid requirements.

Also, over one-half of the courts require a down payment and nearly one-third require the maximum down payment allowed.

The center and others complain that the suspensions cause numerous problems for people with limited incomes, preventing them from reaching jobs to pay the court costs and prompting some to driving on suspended licenses, which can lead to criminal charges and convictions.

“Even as further changes can be made to payment plan policies across the state, Virginia’s law stripping driver’s licenses of people who default on court debt needs to be repealed,” urges the report.

NOTE: In the first Legislative Grid and Report submitted by OEMS in 2017, OEMS reported that Virginia Supreme Court Rule 1:24 would become effective February 1, 2017. Rule 1:24 is intended to facilitate the payment of fines, court costs, penalties and restitution assessed against those convicted of a criminal offense or traffic infraction. The rule requires the courts to make available deferred and installment payment plans to those individuals prior to suspending their driver’s license for nonpayment. Reinstatement fees account for over 90% of the funds deposited into Virginia’s Trauma Center Fund. The above article is a third party public news article on the status of the impact of this ruling.

H) 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 half 2017 and calendar year 2017 anonymously reported summary Patient Safety, Paramedic Near Miss and Violence Against Paramedics reports from the EMS Voluntary Event Notification Tool (E.V.E.N.T.) are now available online at www.emseventreport.com Links to the reports are below. (E.V.E.N.T. uses the international naming convention whereby all EMS workers are identified under three levels using the common title of paramedic. For our US audience, EMTs are primary care paramedics, AEMTs are intermediate care paramedics, and paramedics are advanced care paramedics.)

NEW IN 2018: No more waiting to get back to the station to report your event! E.V.E.N.T. has a new form that is mobile enabled. You can now easily and anonymously report events using your smart phone or tablet immediately following the event, while the details are still fresh.

Unfortunately, *Violence Against Paramedics* is the area of E.V.E.N.T. that is growing fastest. Here are some highlights about those events from Calendar Year 2017.

- Paramedics are most often attacked in the ambulance, and next most often in a residence.
- The paramedic victims are largely white, young and male. The assailants are largely of varying races, young and fairly equally divided between males and females.

- Paramedics are mostly pushed, shoved and grabbed, but are also choked or assaulted by use of a club, knife or firearm. Most of the time the paramedic does not file an incident report with their agency.
- Law enforcement is often notified, but arrests are not usually made.

You can access reports online at any time by going to our website, <http://www.emseventreport.com>, choosing the category of EVENT and then use the report links on the left side of the reporting page. Or, you can simply use these links:

Second Half 2017 Summary Reports

[2H2017 Patient Safety](#)

[2H2017 Paramedic Near Miss](#)

[2H2017 Violence Against Paramedics](#)

Calendar Year 2017 Summary Reports

[CY2017 Patient Safety](#)

[CY2017 Paramedic Near Miss](#)

[CY2017 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.

There is also a 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>.

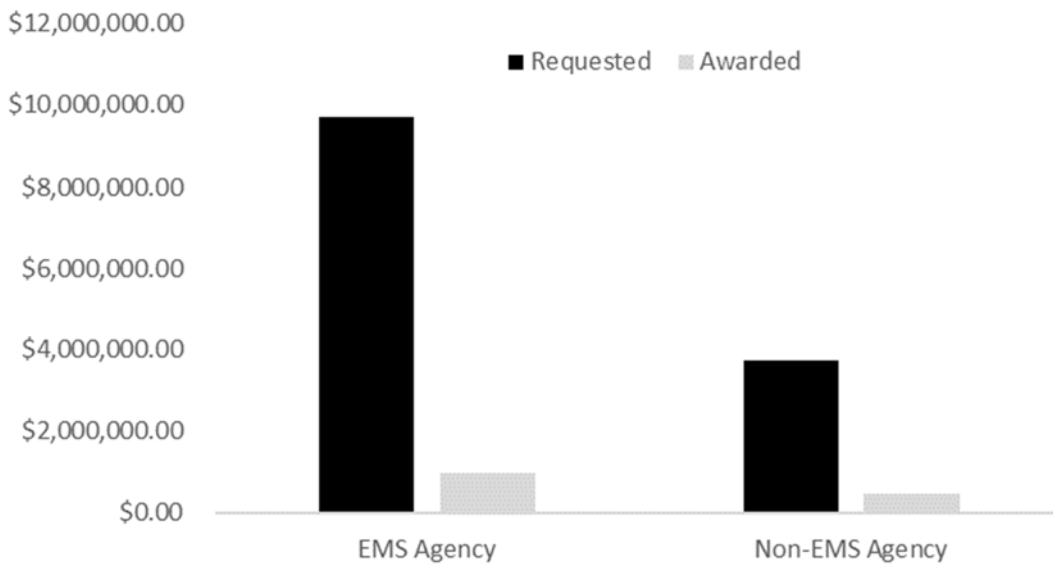
I) Financial Assistance for Emergency Medical Services (FAEMS) Grant Program, known as the Rescue Squad Assistance Fund (RSAF)

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. OEMS awarded 61 agencies funding for \$4,195,318.00, 40% of RSAF requests were awarded.

Funding was awarded in the following agency categories:

- 46 EMS Agencies requesting \$3,738,363.00
- 15 Non EMS Agency requesting \$456,955.00

Figure 1: Agency Category by Amount

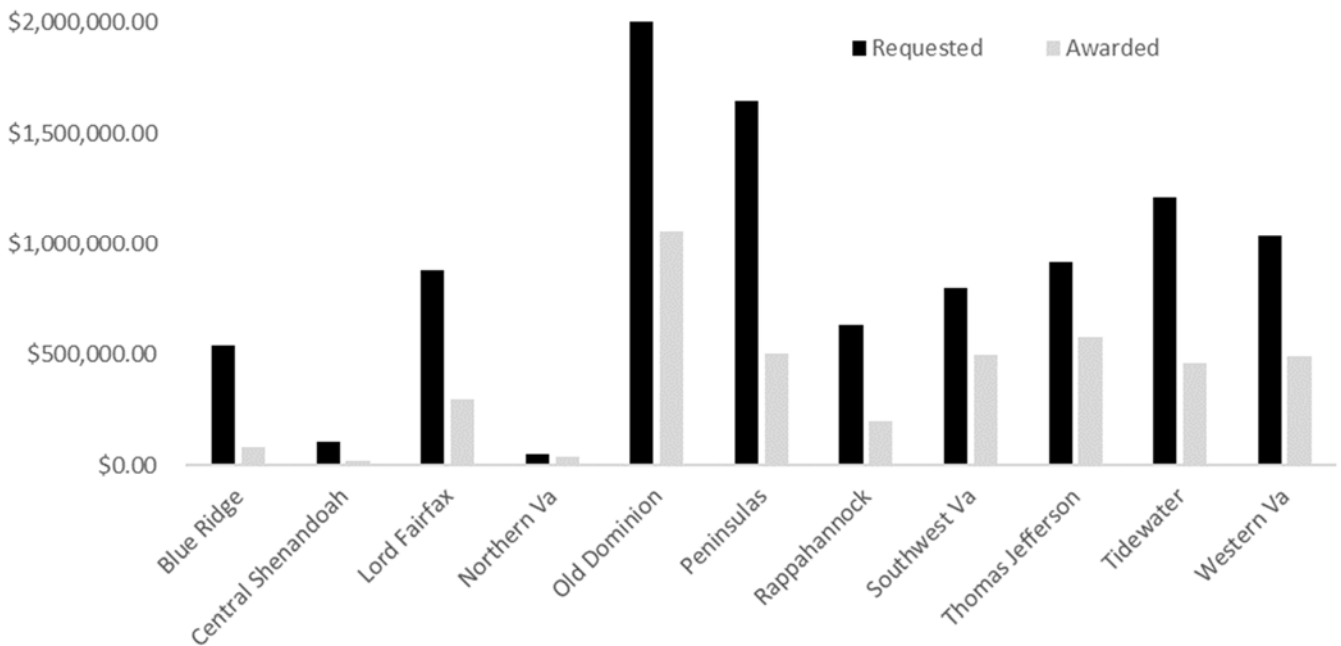


Funding amounts were awarded in the following regional areas:

- Blue Ridge – Awarded funding of \$78,291.00
- Central Shenandoah – Awarded funding of \$16,192.00
- Lord Fairfax – Awarded funding of \$297,938.00
- Northern Virginia – Awarded funding of \$36,040.00
- Old Dominion – Awarded funding of \$1,053,422.00

- Peninsulas – Awarded funding of \$502,596.00
- Rappahannock – Awarded funding of \$197,742.00
- Southwestern Virginia – Awarded funding of \$493,339.00
- Thomas Jefferson – Awarded funding of \$577,209.00
- Tidewater – Awarded funding of \$455,909.00
- Western Virginia – Awarded funding of \$486,640.00

Figure 2: Regional Area by Amount

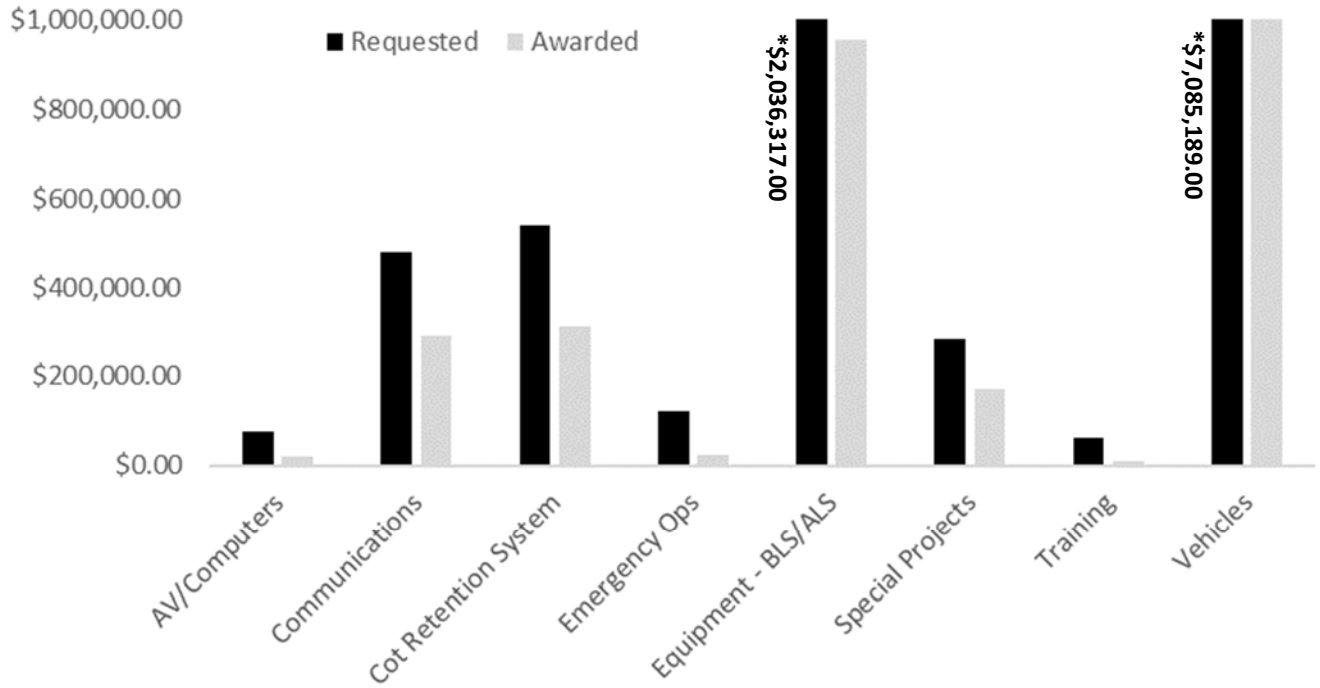


NOTE: The graph only represents items requested up to \$2,000,000.00 to visually display other items requested. The Old Dominion region had amounts requested of \$2,863,112.00.

Funding amounts were awarded for the following items:

- Audio Visual/Computer Hardware - \$18,123.00
 - Includes projectors, computer hardware/software, toughbooks, and other audio visual equipment.
- Communications - \$292,488.00
 - Includes items for mobile/portable radios, pagers, towers, repeaters and other communications system technology.
- Cot Retention Systems - \$310,827.00
 - Includes all cot retention systems, cot conversion systems and equipment needed to install the systems, not including power cots.
- Emergency Operations - \$21,459.00
 - Includes items such as Mass Casualty Incident (MCI), extrication equipment, rescue boat and personal protection equipment (PPE). The Emergency Operations category also includes any other equipment or items needed in order to rapidly mobilize and dispatch help in emergency situations.
- Equipment - Basic and Advanced Life Support Equipment - \$956,321.00
 - Includes any medical care equipment for sustaining life, airway management, and supplies, including 12-Lead Defibrillators.
- Special Projects - \$169,773.00
 - 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 - \$8,816.00
 - This category includes all training courses and training equipment such as manikins, simulators, skill-trainers and any other equipment or courses needed to teach EMS practices.
- Vehicles - \$2,417,511.00
 - This category includes all vehicles such as ambulances, re-chassis, re-mounts and quick response vehicles.

Figure 3: Item by Amount



***NOTE:** The graph only represents items requested up to \$1,000,000.00 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 VEHICLES category was awarded in the amount of \$2,417,511.00.

The RSAF Awards Meeting was held on December 8, 2017 and the Financial Assistance and Review Committee (FARC) made recommendations to the Commissioner of Health. The grant awards were 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

- **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/> .

- **Emergency Grants**

New Garden Rescue Squad was awarded an emergency grant on January 9, 2018 in the amount of \$199,049.98 **for 1 2017 Summit 154 Type 1 Ambulance at a 100% funding level.** The awarded vehicle will replace a 2006 Ford E-350 2WD Type-3 ambulance with 148,319.9 miles that was taken out of service due to various mechanical failures. Due to the inoperability of this unit, the agency was forced to turn approximately 39 calls over to another agency due to not having a second unit available. This agency was forced to use a neighboring agency's unit temporarily while their only running ambulance was in the shop for preventative and corrective maintenance.

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 lead 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.

A) Update on NASEMSO Projects and Activities

Fatigue in EMS

All manuscripts related to the guidelines and related performance measures have been accepted for publication in *Prehospital Emergency Care* and are anticipated for early online release in January 2018.

National EMS Scope of Practice Model Revision

A 2nd National Engagement is currently underway to improve the descriptions of 4 EMS levels and provide input to a rapid revision process when emergent changes to sustain and strengthen national preparedness for public health, military, and domestic emergencies need to occur to the National EMS Scope of Practice Model (SoPM) between regular revision cycles. The deadline for comments is February 10, 2018.

NCBP

The Kansas Board of Emergency Medical Services has completed Data Use and Analytic Agreements with the University of North Carolina (UNC) to join the states of Florida and Rhode Island in the National Collaborative for Bio-Preparedness (NCBP). Kansas will be submitting National EMS Information System (NEMSIS) data elements both to assist in national preparedness and to enhance the state's ability to visualize their data with other data layers of relevance.

B) NASEMSO, NAEMSP and ACEP Collaborate to Address Opioid Overdoses

The National Association of State EMS Officials (NASEMSO), in collaboration with the National Association of EMS Physicians (NAEMSP) and the American College of Emergency Physicians (ACEP), is leading a project to develop and disseminate an evidence-based guideline for the administration of naloxone for opioid overdoses.

In spite of the dramatic increase in the number of opioid overdose events to which EMS personnel now respond, there remain several unanswered questions about the optimal use of naloxone, including: how to best distinguish an opioid overdose from other non-responsive conditions; when to administer a second dose of naloxone; the most appropriate patient disposition after a return of consciousness; and how to maintain optimal medical oversight to naloxone administration. A primary objective of this project is to answer these questions through a rigorous, science-based approach and deliver an evidence-based guideline and model EMS treatment protocol for the prehospital management of patients with suspected opioid overdose.

The Principal Investigator is Kenneth Williams, MD, FACEP, FAEMS (Providence, RI); co-investigators are Jeffrey Goodloe, MD, NRP, FACEP, FAEMS, (Tulsa, OK) and John Lyng, MD, FACEP, FAEMS, EMT-P (Minneapolis, MN). They will lead a multi-disciplinary technical expert panel comprised of persons with expertise in emergency medicine, pain management, pharmacology/toxicology, addiction management, guideline development methodology, as well as a patient advocate, EMS clinicians and EMS administrators.

The 16-month project will produce the following deliverables:

- Model EMS treatment protocol on naloxone administration based on the evidence-based guideline;
- Manuscript for publication in a peer-reviewed scientific journal, describing the methodology used to develop the protocol with supporting references from the scientific literature; Performance measures for evaluating the impact of the evidence-based guideline; and
- Module for training EMS personnel on the naloxone evidence-based guideline.

The project is funded through support from the National Highway Traffic Safety Administration (NHTSA), Office of EMS, and the Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau's EMS for Children Program, as well as in-kind support from NASEMSO, NAEMSP and ACEP.

C) NASEMSO Announces Open Comment Period for SoPM Revision Draft 2

The National Association of State Emergency Medical Services Officials (NASEMSO) is soliciting feedback on revised portions of the 2007 National EMS Scope of Practice Model (“Practice Model.”) A Subject Matter Expert Panel has determined that clinical practice decisions must be based on the level of cognitive and psychomotor preparation of EMS personnel. Draft 2 is intended to reflect an improved description of the spectrum of EMS levels from the 2007 Practice Model. Once community consensus has been reached on these descriptions, the assignment of skills and tasks will be accomplished for a comprehensive final draft and provided for public comment in Spring 2018.

More information, including the draft and a link to provide comments is available here: <http://www.nasemso.org/Projects/EMSScopeOfPractice/>. The deadline for comments is February 10, 2018.

D) DOJ Announces Emergency Scheduling of All Fentanyls

The Department of Justice recently announced that the Drug Enforcement Administration (DEA) intends to take immediate action against the flow of illicit fentanyl analogues into the U.S. and the alarming increase in overdose deaths linked to synthetic opioids by scheduling all fentanyl-related substances on an emergency basis. When the DEA’s order takes effect, anyone who possesses, imports, distributes, or manufactures any illicit fentanyl analogue will be subject to criminal prosecution in the same manner as for fentanyl and other controlled substances.

The action will make it easier for federal prosecutors and agents to prosecute traffickers of all forms of fentanyl-related substances. Overseas chemical manufacturers, aided by illicit domestic distributors, currently attempt to evade regulatory controls by creating structural variants of fentanyl that are not directly listed under the Controlled Substances Act (CSA). Without the announced action, prosecutors must overcome cumbersome evidentiary hurdles to secure convictions of these traffickers under the Analogue Act.

Read more at: <https://www.justice.gov/opa/video/attorney-general-sessions-acting-dea-administrator-patterson-announce-new-tools-fight>.

E) AHRQ Views Blog Post: Taking a Closer Look – State-by-State – of Health Care Quality

In a new AHRQ Views blog post, LCDR Karen Chaves, director of AHRQ’s National Healthcare Quality and Disparities Report (QDR) program, highlights AHRQ’s State Snapshots, an online interactive resource that evaluates 50 states and the District of Columbia on thousands

of health care quality and access measures. Taken from AHRQ's 2016 QDR, the updated 2016 State Snapshots data can help guide quality improvement efforts at the state level by policymakers, health systems, public health advocates or clinicians.

Access the blog post on AHRQ's State Snapshots at:

<https://www.ahrq.gov/news/blog/ahrqviews/taking-a-closer-look.html>.

Learn more about how each State is doing in providing quality health care and improving disparities at:

https://nhqrnet.ahrq.gov/inhqrdr/Virginia/benchmark/summary/All_Measures/All_Topics

F) NCOIL Proposes Model Legislation to Protect Consumers

The National Council of Insurance Legislators (NCOIL) voted at its recent annual meeting to approve “A Model Act Regarding Air Ambulance Insurance Claims.” The purpose of this model legislation is to protect consumers who are covered by commercial insurance from overall disproportionate financial responsibility and liability for using out-of-network air ambulance services instead of in-network air ambulance services emergency situations, including balance bills from out-of-network air ambulance service providers that are not preempted by the Employee Retirement Income Security Act of 1974 or the Airline Deregulation Act.

Read more at: <http://ncoil.org/wp-content/uploads/2017/10/air-ambulance-model25252c-revised-10-12-17422.pdf>.

G) Air Ambulance Companion Bill Introduced in US Senate

Sen. Heller (NV) has introduced S. 2121 Ensuring Access to Air Ambulance Services Act of 2017, a companion bill to H.R. 3378 of the same name. The legislation, if enacted, would provide temporary 12% and 20% incentive payments to air medical services to report cost and performance data that would inform CMS on future reimbursement decisions. Read more at: <https://www.congress.gov/bill/115th-congress/senate-bill/2121>.

H) Air Medical Prehospital Triage Score Could be More Cost-Effective Than Current Air Transport Practices

According to a new study published online Nov. 1 in JAMA Surgery, the Air Medical Prehospital Triage (AMPT) score for trauma patients could lower costs compared to current air medical transport practices. In this study by Brown and others, researchers worked to develop and internally validate a triage score that can identify trauma patients at the scene who would potentially benefit from helicopter emergency medical services (HEMS). The study concludes that the AMPT score identifies patients most likely to benefit from HEMS while potentially reducing costs to the health care system and should be considered in air medical transport protocols for trauma patients.

Read more at: <https://jamanetwork.com/journals/jamasurgery/article-abstract/2659626?redirect=true>.

I) 2016 NEMSIS Research Dataset Now Available

The 2016 NEMSIS Public-Release Research Dataset is now available! NEMSIS EMS data provides key information to better serve a community. This dataset includes 29,919,652 EMS activations submitted by 9,993 EMS agencies serving 49 states and territories during the 2016 calendar year. The NEMSIS dataset is a source of information for many of the nation's trusted health systems, researchers, policymakers and health care administrators. The dataset does not contain PHI, EMS agencies, receiving hospitals, or reporting states. You may request this dataset at: <https://nemsis.org/using-ems-data/request-research-data/>

J) New Video Explains the Importance of EMS Data Collection and Use

The NHTSA Office of EMS recently released a two-minute video that shows how EMS data is used to improve EMS systems and patient care at the local, state and national levels. You may have already seen it on EMS.gov, the [EMS.gov YouTube channel](#), or mentioned in our latest [EMS Update newsletter](#).

It is important that every member of our profession understands the vital role that data and information can play in improving the safety and effectiveness of EMS. The frontline providers caring for people every day are the ones who generate and collect this information— and the better they understand how it benefits their patients and communities, the better the quality of the data.

Creating a culture of science and data in EMS takes a concerted effort from all of us. Please share this video in a new employee orientation, a continuing education course, or through an agency newsletter or website. The Office of EMS created it as a resource and educational tool and encourages you to download it, post it on your social media or play it at a staff meeting. As always, please let the Office of EMS know if you have any questions or want to share the ways you are creating a culture of science and data in your EMS organization.

Watch the video at: https://www.youtube.com/watch?v=_BEeYqgM3D8

K) New UKY Report Informs Trends in Ambulance Usage

Improved understanding of how Medicare beneficiaries, most of whom are elderly, use ambulance services provides vital information for policymakers who set rules and regulations about access to ambulance services. Using data provided by the Centers for Medicare and Medicaid Services, our work took a state-level look at usage across the United States. Not all Medicare beneficiaries used ambulance services equally across the states. For instance, two largely rural states, Kentucky and Utah, used ambulance services very differently. We believe policymakers and researchers need to consider differences across the regions of the U.S. when evaluating reimbursement and rules about usage. When looking at changes in the supply of ambulance services in an area, policymakers need to consider the current rate of usage of those services.

Key Findings:

- Ambulance usage for Medicare beneficiaries differed by state by the following measures: percent of Medicare beneficiaries using services, number of miles transported per year and per day, and number of days of services used in a year.
- The highest percentage of Medicare beneficiaries using ground ambulance was in New England whereas the least was in the Mountain states.
- Medicare beneficiaries in the South who used ground ambulance services traveled the most miles in a year and the ones in the West traveled the fewest miles.
- Alabama, Kentucky, South Carolina, Tennessee, and West Virginia were the top five states in ambulance usage by all measures for 2012-2014.
- Alaska, Arizona, Colorado, Hawaii, Nevada, and Utah were the bottom six states in ambulance usage by all measures for 2012-2014.
- Air transportation was most prevalent in the West. However, a small fraction of Medicare beneficiaries used air ambulance service compared to ground transportation.

Read more at: <https://ruhrc.uky.edu/publications/medicare-ambulance-services/>

L) View Randolph Mantooth's Keynote Address Happy 45th Anniversary: Remembering Why

Check out Randolph's inspirational keynote that includes some firsthand observations of EMS professionals over the years, delivered with equal parts humor and genuine admiration for the profession he helped introduce when EMERGENCY! first aired on Saturday nights on NBC 45 years ago. View the stirring Keynote Tribute by Randolph Mantooth at EMS Expo 2017 from Las Vegas, NV at: <https://www.facebook.com/EMSWorldFans/videos/1697666436941765/>

M) NEMSSC Offers Guide for EMS Agency Safety

The National EMS Safety Council (NEMSSC), a coalition of national EMS organizations, recently compiled several recommendations to encourage EMS safety practices at the agency level. The new primer, "Guide for Developing an EMS Agency Safety Program", is intended to serve as a roadmap for EMS agencies to develop and implement a comprehensive safety program. Recognizing that EMS agencies have differing levels of resources available for safety programs, the guide contains sample policies EMS agencies can adopt or readily customize to their particular agency type, size and needs. Topics addressed include roles and responsibilities of the safety officer, facility safety and security, vehicle operator safety, scene safety, infection control, personal health and safety, and patient safety. Read more and download the free guide

at: <http://www.naemt.org/docs/default-source/ems-health-and-safety-documents/nemssc/ems-safety-program-guide-10-11-17.pdf>

N) Anthem BC/BS To Compensate EMS Care Without Transport

The quest of American EMS providers for more sensible reimbursement will reach a key threshold on January 1, 2018, when Anthem BlueCross BlueShield begins paying for treatment without transport for patients in states where it offers commercial coverage. The major insurer's new policy marks a vital step toward the goal of sustaining community Paramedicine and mobile integrated healthcare programs that have sometimes struggled to find ongoing financial footing.

The reimbursement will be offered for HCPCS A0998-coded 9-1-1 responses in California, Colorado, Connecticut, Georgia, Indiana, Kentucky, Maine, Missouri, Nevada, New Hampshire, New York, Ohio, Virginia and Wisconsin. The company hopes to include its Medicare and Medicaid plans as well, though there are varying state requirements to navigate first. Due to those differences, not all 14 states will begin January 1, though most will.

Read more at: <https://www.emsworld.com/news/218925/moment-weve-been-waiting-anthem-compensate-ems-care-without-transport>.

III. Educational Development

Committees

- A.** The Training and Certification Committee (TCC): The Training and Certification Committee met on January 3, 2018. There are two action items for consideration. For the motion see (**Appendix B**)

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): The Medical Direction Committee met on January 4, 2018. There are no action items.

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.** On January 5, 2018, the Office received an email from the National Registry of EMTs providing a summary of their Board Meeting held November 14-15, 2017. One of the items included the following: ...3. The NREMT will no longer offer the I-99 examination after December 31, 2019. Candidates will not be able to take the I99 exam after December 31, 2019, including retesting.... The office will be working with those programs that conduct I-99 programs to identify actions needed to provide the optimal opportunity to access I-99 certification testing.
- B.** 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 by taking the National Registry cognitive examination only. The National Registry transition process will end in 2018/2019 when their last certification cycle with National Registry expires.

- C. All National Registry I-99 certified providers with an expiration date of March 31, 2018 have the option to recertify at the Advanced EMT level. National Registry is transitioning their recertification model to mirror the requirements of the AEMT to make their recertification more effortless. This will NOT affect their Virginia certification level, which will remain Intermediate 99. This same process will occur for those with an expiration date of March 31, 2019.
- D. ALS Coordinator re-endorsement requires an update every two years and the submission of a re-endorsement application. An EMS Physician must sign the application. Additionally, it must contain the signature of the regional EMS council director if courses are being conducted in their region.
- E. 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.
- F. 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.
- G. To align with the 2016 National Continued Competency program 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.
- H. 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. An EC Institute following the former standards was conducted December 9th through December 13th, 2017 in Chesterfield. We have certified 24 new Education Coordinators.
2. The New Education Coordinator application will go live as of February 1, 2018. New candidates will select an Education Coordinator to serve as their mentor while completing teaching hours.
3. EMS Providers interested in becoming an Education Coordinator please contact Warren Short at warren.short@vdh.virginia.gov or call the office at 804-888-9120.

B. EMS Educator Updates:

1. The final update for 2017 was held on Saturday, November 11th at Sheraton Waterside in Norfolk during Symposium. 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 42 licensed, non-profit EMS agencies and organizations and 78 courses.

- A no-match special initiative grant funding opportunity was announced to support initial 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

- 1) OEMS launched the new EMS Scholarship Program (EMSSP) in collaboration with the VDH Office of Health Equity (OHE) on October 2, 2017.
- 2) Information on the scholarship program is available on the OEMS website under the Division of Educational Development. <http://www.vdh.virginia.gov/emergency-medicalservices/education-certification/ems-scholarship/>
- 3) 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.
- 4) To date, 3 webinars for 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.
- 5) The first scholarship application cycle started on October 2, 2017 and ended on November 30, 2017.
- 6) The EMSSP experienced some technical and administrative challenges causing a delay in awarding scholarships, originally anticipated to be distributed in January 2018.
 - a) Applicants reported specific issues submitting applications through the new online application.

- b) OEMS DED and OHE personnel provided assistance to applicants experiencing technical difficulties via email and phone contacts. Due to the technical difficulties associated with the new application software platform, OEMS DED and OHE personnel allowed applicants to submit any missing information after the November 30th submission deadline.
 - c) The online administrative application (WIPS – Workforce Incentive Programs) also experienced technical setbacks. OEMS DED and OHE staff developed award approval workflows outside of the web application.
 - d) Final approval of the awardee contract – which details the stipulations of receiving an EMS scholarship award – was obtained on January 16, 2018.
- 7) 154 total applications were received for the first cycle; 93 of which were submitted successfully, 61 are in “pending” status and have not yet been submitted.
 - 8) Of the applications submitted: 30 were for EMT programs; 6 for Intermediate programs; and, 57 for Paramedic programs.
 - 9) OEMS DED and OHE personnel continue to work with via regular email and phone contacts scholarship candidates with “pending” applications in order to complete them and move them through the decision process.
 - 10) The second application cycle began on January 1, 2018 and will end on February 28, 2018.
 - 11) OEMS DED continues to work with OHE and the Office of Information Management (OIM) to develop and release bug fixes and other improvements to both the EMSSP online application and the WIPS administrative web application.

C. Continuing Education (CE) and Auxiliary Programs MOU

- 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 is developing surveys in order to collect qualitative data to assist with assessing program efficacy.

- DED staff worked with the OIM in order to develop and deploy new functionality to the Regional EMS Councils portal which now enables Council staff to upload reports under both contracts separately. This update was released on January 5, 2018.

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. The Division of Education Development met with the interested parties and Isle of Wight has requested a postponement of consideration until summer, 2018.
 - c) Arlington County Fire Department has an EMT accreditation application to the office and are in the final stages of approval. A Letter of Review will be issued that will allow them to conduct their first cohort class. During this cohort the Site Review team will visit.

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. Site visit will be conducted on February 7, 2018.

5. Intermediate – Initial

a) No new accreditation packets have been received.

6. Paramedic – Initial

a) John Tyler Community College’s CoAEMSP accreditation visit has been scheduled for April 26 & 27.

b) Rappahannock Community College has received their award of accreditation from CoAEMSP.

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 received their reaccreditation from CoAEMSP.

c) Northern VA Community College has received notification from CoAEMSP that their reaccreditation visit will occur on February 15 & 16, 2018.

d) Loudoun County Fire & Rescue has received notification from CoAEMSP that their reaccreditation visit will occur on February 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 occurs 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

February 21, 2018	Noninvasive Airways, Improving Mask Seal/Bagging Techniques, Proper Use of the ET Tube Cat. 1 ALS, Area 16, Cat. 1 BLS, Area 11
March 21, 2018	Crime Scene Preservation for Fire and EMS Cat. 2 ALS , Cat. 2 BLS
April 18, 2018	LVAD Update 2018 Cat. 1 ALS, Area 17, Cat. 1 BLS, Area 12

Psychomotor Test Site Activity

- A. 33- CTS, 1 - EMT accredited course and 7- ALS psychomotor test sites were conducted from October 15, 2017-January 20, 2018.
- B. Amanda McComas resigned as Examiner Supervisor and Greg Turner resigned as an Examiner for the central region.
- C. Open examiner positions in Northern, Western/Southwestern, Central and ODEMSA regions are still open due to delays in the hiring process.
- D. Virginia BLS Psychomotor Examination scenarios are in the process of revision. The Scenario Update Workgroup has been working through webinar meetings that have included the Medical Director making changes based on current education standards and scope of practice.
- E. The testing of sitting spinal immobilization has been discontinued at psychomotor testing sites. It is still an expectation that the skill be taught and students demonstrate competency in the use of the device.

Other Activities

- Debbie Akers continues to participate in the NASEMSO webinars Community Paramedicine Insights Forum.
- Debbie Akers has been selected to serve as the volunteer coordinator for the National Association of EMS Educators at their annual conference in Washington, DC for 2018. Virginia Education Coordinator are recruited to assist with these responsibilities, which allows collaboration with educators from throughout the United States and internationally on best practices for education.
- Charles Faison coordinated a demonstration for the Office on Cornerstone, an LMS.
- The DED participated with the Virginia Community College System's paramedic program curriculum committee.
- DED participated in the Regional Council Directors' meeting December 7, 2017.
- Charles Faison participated in a TJEMS Scholarship program on December 18, 2017.
- Warren Short participated in the NASEMSO Education Committee conference call.
- Warren Short and Debbie Akers participated in the Tidewater Community College Paramedic Advisory Board meeting.

Emergency Operations

IV. Emergency Operations

Operations

Emergency Operations Event Response

During this quarter, the Division of Emergency Operations participated in response to Winter Storm Harvey. Winnie Pennington, Emergency Operations Planner served in the state Emergency Operations Center, while Ken Crumpler, Communications Coordinator, and Karen Owens, Emergency Operations Manager provided support for ESF-8 functions virtually.

Virginia-1 DMAT

Frank Cheatham, HMERT Coordinator, continued to attend meetings for the Virginia-1 DMAT during this quarter.

2017 Virginia Office of EMS Symposium

From November 7-12, 2017, the Division of Emergency Operations participated in the 38th Annual Virginia EMS Symposium. Ken Crumpler, Communications Coordinator, supported the telecommunications needs of the event, Frank Cheatham, HMERT Coordinator, served as the Logistics Coordinator, Karen Owens instructed courses in Mass Casualty Incident Management, and Winnie Pennington assisted with administrative support and room hosting. In addition to those activities, the Division of Emergency Operations staff supported the implementation of a new radio system to support onsite operations during the training event.

Committees/Meetings

EMS Communications Committee

The EMS Communications Committee held an information only meeting in conjunction with the annual EMS Symposium on November 9, 2017.

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.

NASEMSO HITS Committee

Frank continues to participate in the conference calls with the NASEMSO HITS Committee.

Critical Infrastructure Focus Group

Sam Burnette, Emergency Services Coordinator, represented the Office of EMS at a second meeting of the State Agency Infrastructure Working Group on December 17, 2017. The working group developed a document designed to identify and discuss challenges that state agencies face in addressing protection and resilience of the Commonwealth's critical infrastructure and determine the need for a formal working group to address threats, hazards, vulnerabilities, and consequences involving that infrastructure.

Strategic Highway Safety Plan (SHSP)

HMERT Coordinator, Frank Cheatham, continues to serve on the SHSP Steering Committee and maintains update information regarding the monitoring the implementation and tracking of the plan.

Traffic Incident Management Committees

Frank Cheatham, HMERT Coordinator, represented OEMS at the Statewide TIM Committee meeting. He reported the progress and completion of the rollout of the new Virginia Specific TIM Program. He also participated in the Training Oversight Committee. Frank is also a member of the Richmond area Executive TIM Committee.

EMS Emergency Management Committee

Winnie Pennington, Emergency Planner, served as the OEMS staff representative at the EMS Emergency Management Committee meeting on November 8, 2017.

VDH Ebola Transportation Meeting

On November 7, 2017, Winnie Pennington attended a meeting at University of Virginia Hospital to discuss transportation options related to Ebola patients.

Training

Traffic Incident Management (TIM) Training

Frank Cheatham coordinated and assisted with additional rollout sessions for the new TIM Program for Virginia. The Office of EMS, Virginia State Police, and Department of Transportation co-sponsored the training courses. Additionally, Frank assisted in the delivery of the new TIM class on several occasions.

National Fallen Firefighters Foundation (NFFF) Stress First Aid

Sam Burnette, Emergency Services Coordinator, attended a *Stress First Aid Train the Trainer* course in Farmville on December 20, 2017. The course, sponsored by the Virginia Department of Fire Programs, is a program designed to give guidance on how to quickly assess and respond to first responder stress reactions from both personal and work stress.

FEMA Emergency Management Institute (EMI) Professional Development Series (PDS)

Sam Burnette, Emergency Services Coordinator, completed the FEMA Emergency Management Institute *Professional Development Series* Program on December 28, 2017. The nationally recognized, online program provides a well-rounded set of fundamentals for emergency management personnel.

NIMS Update Webinar

Winnie Pennington, Emergency Planner, participated in the National Incident Management System (NIMS) update webinar on November 16, 2017.

Continuity Webinar

On December 13, 2017, Winnie Pennington participated in a Continuity of Business webinar sponsored by FEMA.

Flawed Situational Awareness

On January 11, 2018, Karen Owens, Emergency Operations Manager, attended a training focused on Flawed Situational Awareness conducted by Dr. Rich Gassaway.

Communications

APCO/NENA

Mr. Crumpler continues to work with the Virginia chapter of APCO ProCHRT committee, assisting in educating and promoting the implementation of emergency medical dispatch (EMD) protocols in public safety answering points in Virginia. On January 19, 2018, Mr. Crumpler and

Mr. Burnette met with ProCHRT committee members in Goochland Co. to assist Goochland 9-1-1 with potential implementation of EMD.

Radio System

Mr. Crumpler, working with OEMS HMERT Coordinator Frank Cheatham and OEMS Emergency Services Coordinator Mr. Sam Burnette, completed the OEMS radio cache project.

<h2>Critical Incident Stress Management (CISM)</h2>
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CISM Regional Council Reports

During this reporting quarter Regional Council CISM teams reported 12 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

The OEMS entered into a new Memorandum of Understanding (MOU) with the Regional EMS Councils for the 2018 Fiscal Year. The Regional Councils submitted their Second Quarter reports throughout the month of January, 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 attended the meetings of the Northern Virginia, Peninsulas, and Rappahannock EMS Council Board of Directors in the quarter.

Medevac Program

The Medevac Committee is scheduled to meet on February 1, 2018, with new committee chair Mr. Jason Ferguson. Jason is the Division Chief of Fire & EMS Operations in Botetourt County, as well as a part time flight medic with Carilion Life-Guard. Jason represents the Western Virginia EMS Council on the state EMS Advisory Board.

The minutes of the November 8, 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 519 entries into the Helicopter EMS system in the fourth quarter of the 2017 calendar year. 66% of those entries (343 entries) were for interfacility transports, which is consistent with information from previous quarters. The total number of turndowns is an increase from 457 entries in the fourth quarter of 2016. Additionally, there were 2,165 entries for the 2017 calendar year, which is a slight increase from the 2,032 entries for the 2016 calendar year. This data continues to show dedication to the program itself, but also to maintaining safety of medevac personnel and equipment.

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

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

- Determine if there is a greater opportunity to transport the STEMI patient from the scene by air to a PCI center.
- Determine if air transport of the STEMI patient directly from the scene to a PCI center affects 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.

HB777

Delegate Margaret Ransone introduced House Bill 777 during the 2018 session of the General Assembly. The original language of the Bill is as follows:

“1. That the Code of Virginia is amended by adding a section numbered 32.1-111.4:9 as follows:

§ 32.1-111.4:9. Notice requirements for emergency air medical transportation.

A. Before emergency medical services personnel initiate contact with an emergency air medical transportation provider for air transport of a patient, the emergency medical services personnel shall obtain written consent from the patient to receive emergency air medical transportation services after providing the patient with the following information for the purpose of allowing the patient to make an informed decision on choosing a form of transportation:

1. The patient will be responsible for any payments due for the emergency air medical transportation services;

2. The emergency air medical transportation provider might not have contracts with the patient's health care insurer and, therefore, services provided to the patient by such emergency air medical transportation provider may be considered out-of-network services and not covered under the patient's insurance plan; and

3. A description of the range of charges that the patient may incur for such emergency air medical transportation services.

B. Emergency medical services personnel shall be exempt from complying with the provisions of subsection A if the emergency medical services personnel determine and document that, due to emergency circumstances, compliance might jeopardize the health or safety of the patient or that the patient is unable to provide consent.”

An identical bill, Senate Bill 663, was also introduced.

The House Health, Welfare, and Institutions (HWI) subcommittee #3 met on January 18, 2018, and the amended language (underlined) below was passed by the HWI subcommittee:

“1. That the Code of Virginia is amended by adding a section numbered 32.1-111.4:9 as follows:

§ 32.1-111.4:9. Notice requirements for emergency air medical transportation.

A. Before emergency medical services personnel initiate air transportation of a patient by an emergency medical services air transportation provider, the emergency medical services personnel shall obtain written consent to such air transportation from the patient.

B. Emergency medical services personnel shall be exempt from complying with the provisions of subsection A if the emergency medical services personnel determine and document that, due to emergency circumstances, compliance might jeopardize the health or safety of the patient or that the patient is unable to provide consent.

2. That the provisions of the first enactment of this act shall become effective on July 1, 2019.

3. That the Office of Emergency Medical Services shall develop (i) a process by which emergency medical services personnel shall obtain consent of a patient prior to initiating air transportation by an emergency medical services air transportation provider and (ii) a form on which such consent shall be executed. The Office of Emergency Medical Services shall report on the development of such process and form to the Chairmen of the House Committee on Education, the House Committee on Health, Welfare and Institutions, and the Senate Committee on Education and Health on the development of the protocol by December 1, 2018.”

On Tuesday, January 23, the full HWI committee reported the amendments to HB777 in the nature of a substitute on a vote of 12 to 7.

More information on House Bill 777 can be found at the link below:

<https://lis.virginia.gov/cgi-bin/legp604.exe?ses=181&typ=bil&val=HB777>

HB778

In addition, House Bill 778 was introduced into the 2018 General Assembly session on January 9, 2018. The original language of the Bill is as follows:

*“1. That the Code of Virginia is amended by adding in Article 2.1 of Chapter 4 of Title 32.1 a section numbered **32.1-111.15:1** as follows:*

*§ **32.1-111.15:1**. Duties of health care provider arranging for air ambulance services.*

A. As used in this section:

"Air ambulance provider" means a publicly or privately owned organization that is licensed or applies for licensure by the Department of Health to provide transportation and care of patients by air ambulance.

"Carrier" means an entity subject to the insurance laws and regulations of the Commonwealth and subject to the jurisdiction of the Commission that contracts or offers to contract to provide, deliver, arrange for, pay for, or reimburse any of the costs of health care services, including an insurer licensed to sell accident and sickness insurance, a health maintenance organization, a health services plan, or any other entity providing a health benefit plan.

"Covered person" means a policyholder, subscriber, enrollee, participant, or other individual who is entitled to health care services provided, arranged for, paid for, or reimbursed pursuant to a health benefit plan.

"Health benefit plan" means an arrangement for the delivery of health care, on an individual or group basis, in which a carrier undertakes to provide, arrange for, pay for, or reimburse any of the costs of health care services for a covered person that is offered in accordance with the laws of any state. "Health benefit plan" does not include short-term travel, accident only, limited or specified disease, or individual conversion policies or contracts, nor policies or contracts designed for issuance to persons eligible for coverage under Title XVIII of the Social Security Act, known as Medicare, or any other similar coverage under state or federal governmental plans.

"Health care provider" means a facility, physician, or other type of health care practitioner licensed, accredited, certified, or authorized by statute to deliver or furnish health care services.

"Out-of-network provider" means a health care provider or air ambulance provider that is not a participating provider under a covered person's health benefit plan.

"Participating provider" means a health care provider or air ambulance provider that has agreed to provide health care services or air ambulance services, as applicable, to covered persons and to hold those covered persons harmless from payment with an expectation of receiving payment, other than copayments or deductibles, directly or indirectly from the carrier.

B. Before a health care provider arranges for air ambulance services for an individual whom the provider knows to be a covered person, the health care provider shall:

- 1. Provide the covered person or the covered person's authorized representative a written disclosure that states:*
 - a. Certain air ambulance providers may be called upon to render air ambulance services to the covered person during the course of treatment;*

- b. *The air ambulance provider may not have contracted with the covered person's carrier to provide under his health benefit plan air ambulance services to covered persons and, if not, is an out-of-network provider;*
 - c. *If the air ambulance provider has not contracted with the covered person's carrier to provide air ambulance services to covered persons, (i) the air ambulance services will be provided as an out-of-network provider and (ii) the air ambulance provider has not agreed to hold covered persons harmless from payment of any balance due after receiving any payment from the carrier under the covered person's health benefit plan;*
 - d. *The range of the typical charges for out-of-network air ambulance services for which the covered person may be responsible;*
 - e. *The covered person or the covered person's authorized representative may (i) agree to accept and pay the charges of the air ambulance provider as an out-of-network provider, (ii) contact the covered person's carrier for additional assistance, or (iii) rely on other rights and remedies that may be available under state or federal law; and*
 - f. *The covered person or the covered person's authorized representative may (i) obtain a list of air ambulance providers from the covered person's carrier that are participating providers and (ii) request that the health care provider arrange for air ambulance providers that are participating providers; and*
2. *Obtain the covered person's or the covered person's authorized representative's signature on the disclosure document required pursuant to subdivision 1, by which signature the covered person or the covered person's authorized representative acknowledges receipt of the disclosure document before the air ambulance services were arranged.*
- C. If the health care provider is unable to provide the written disclosure or obtain the signature of the covered person or the covered person's authorized representative as required under subsection B, the health care provider shall document the reason, which may include the health and safety of the patient. The health care provider's documentation of the reason for his inability to provide the written disclosure or obtain the signature of the covered person or the covered person's authorized representative satisfies the requirements imposed on the health care provider under subsection B.”*

The House Health, Welfare, and Institutions (HWI) subcommittee #3 met on January 18, 2018, and the amended language (underlined) below was passed by the HWI subcommittee:

*“1. That § 32.1-127 of the Code of Virginia is amended and reenacted as follows:
§ 32.1-127. Regulations.*

21. Shall require that each hospital establish a protocol requiring that, before a health care provider arranges for air medical transportation services for a patient who does not have an emergency medical condition as defined in 42 U.S.C. § 1395dd(e)(1), the hospital shall provide the patient or his authorized representative with written or electronic notice that the patient (i) may have a choice of transportation by an air medical transportation provider or medically appropriate ground transportation by an emergency medical services provider and (ii) will be responsible for charges incurred for such transportation in the event that the provider is not a contracted network provider of the patient's health insurance carrier or such charges are not otherwise covered in full or in part by the patient's health insurance plan.”

On Tuesday, January 23, the full HWI Committee reported HB 778 on a unanimous vote of 21 to 0.

More information on House Bill 778 can be found at the link below:

<https://lis.virginia.gov/cgi-bin/legp604.exe?ses=181&typ=bil&val=HB778>

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

State EMS Plan

The Virginia Office of EMS Strategic and Operational Plan is mandated through *The Code of Virginia* to be reviewed and revised on a triennial basis.

The 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/>

Public Information and Education

VI. Public Information and Education

Public Relations

Public Outreach via Marketing Mediums

EMS Bulletin

PR coordinator completed the winter edition of the EMS Bulletin, Dec. 20, 2017. It was posted online and shared through social media and listserv email. It was the top tweet on the OEMS Twitter page (during this reporting period Oct.-Dec.) with 2,167 impressions.

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 October – December are as follows:

- **October**

Registration for the 2017 Va. EMS Symposium deadline reminder, symposium registration extension update, holiday office closures, Nasal Naloxone for EMS Agencies – no cost grant opportunity for licensed EMS agencies, final reminder for symposium registration, regulation and compliance manager position and EMS Scholarship program.

- **November**

Important reminders for the Va. EMS Symposium, share your "Education for Life" at the 38th Annual Virginia EMS Symposium by using the Twitter hashtag #VaEMS2017 or by tagging us on Facebook, Download the "VA EMS Symposium" mobile app to stay updated on the latest info, free flu shot clinic, vendor hall exhibit hours, Thursday night dance, Casino Monte Carlo event, Governor's EMS Awards Ceremony, Governor's EMS Awards press release, deadline to submit an application for the EMS Scholarship, holiday office closures, food safety during the holiday season, all EMS applications down for scheduled maintenance and the second reminder re: the deadline to submit an application for the EMS Scholarship.

- **December**

EMS portal maintenance, winter edition of the EMS Bulletin, #EMSToday conference, holiday office closures and extreme cold weather.

Via GovDelivery Email Listserv (October - December)

- **10/03/2017** - Registration for the Va. EMS Symposium Closes This Friday!
- **10/06/2017** - Registration for the Va. EMS Symposium Extended until Oct. 13
- **10/16/2017** - You're invited to the 38th Annual Governor's EMS Awards Ceremony & Reception
- **11/03/2017** - Important Reminders for the 38th Annual Virginia EMS Symposium
- **11/20/2017** - Congratulations to the 2017 Governor's EMS Award Winners!
- **11/21/2017** - EMS Scholarship Program - Deadline Approaching Soon
- **12/20/2017** - Virginia Office of EMS Bulletin - winter 2017 Edition

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.

Marketing Campaigns

EMS Scholarship Program

- PR coordinator promoted the EMS Scholarship program via Facebook and Twitter in October and November. It was the most popular post on the OEMS Facebook page (during this reporting period Oct.-Dec.) with 7,919 total organic reach, 58 shares and 362 post clicks.
- The PR assistant designed the flyer for this program, which was included in bags for 1,800 event attendees at the Va. EMS symposium. The flyer was also promoted in the On-Site guide and on the OEMS website.
- PR coordinator submitted an article about the EMS Scholarship Program article for the VAVRS Virginia Lifeline newsletter and Virginia Fire Chiefs Association Commonwealth Chiefs magazine on Sept. 5, 2017 and Dec. 1, 2017.
- PR assistant sent email on 11/21/17 regarding the EMS Scholarship Program through the OEMS email listserv.

Social Media and Website Statistics

As of January 19, 2018, the OEMS Facebook page had 5,508 likes, which is an increase of 101 new likes since October 26, 2017. As of January 19, 2018, the OEMS Twitter page had 4,372 followers, which is an increase of 103 followers since October 26, 2017.

Figure 1: This graph shows the total organic reach* of users who saw content from the OEMS Facebook page, October – December. Each point represents the total reach of organic users in the 7-day period ending with that day. **Our most popular Facebook post received 7,919 total organic reach and 58 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.*

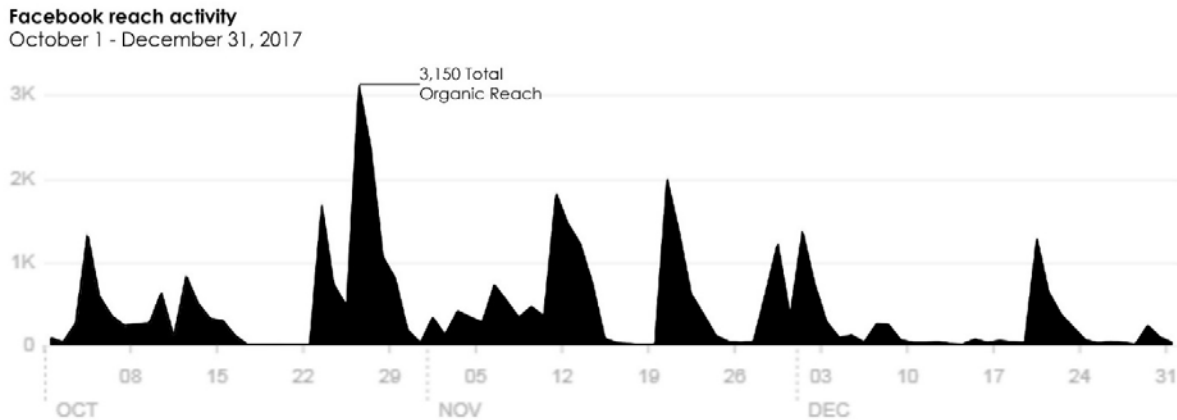


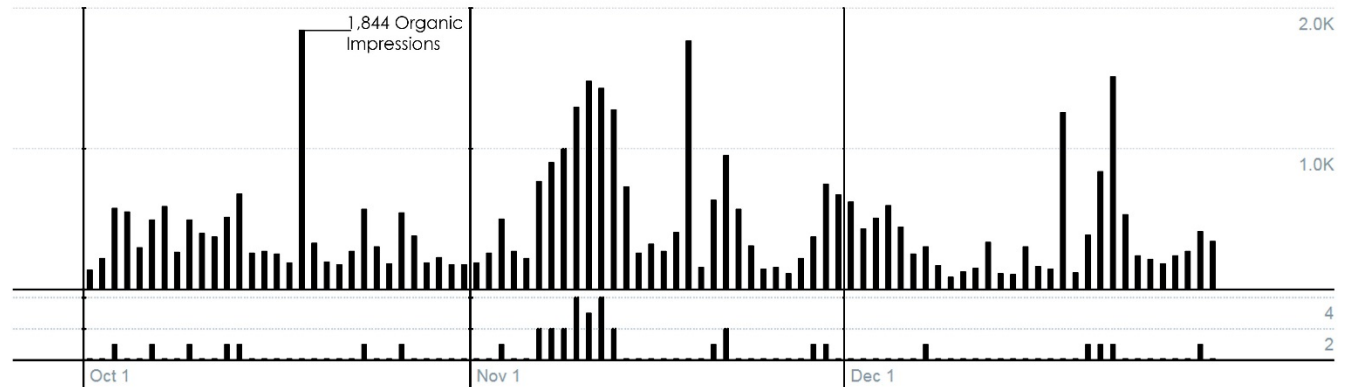
Figure 2: This graph shows the total organic impressions* over a 91-day period on the OEMS Twitter page, October - December. **During this 91-day period, the OEMS Twitter page earned 462 impressions per day. The most popular tweet received 2,170 organic impressions.**

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

Tweet activity

Oct. 1 - Dec. 30, 2017

Your Tweets earned **42.0K impressions** over this **91 day** period



EMS Symposium

EMS Symposium

- PR assistant organized and ordered supply items that would be needed for symposium registration packets.
- PR coordinator finalized event details for free Flu Shot Clinic, which is hosted in coordination with the Norfolk Health Department.
- PR coordinator finalized the class locations and information for the Symposium On-Site Guide and sent it to print, October 24, 2017.
- PR assistant updated the classroom locations in the symposium database.
- PR assistant printed name badges for symposium attendees.
- PR coordinator organized and alphabetized all vendor name badges.
- PR assistant created bingo cards for participating sponsors and printed 1,800 copies for the symposium bags. Karen Owens, emergency operations manager, coordinated and obtained symposium event prizes from various symposium vendors and local retailers.
- PR coordinator worked with the Division of Educational Development to coordinate registration letters for symposium packets.

- PR coordinator created questions, set-up interviews with symposium participants and conducted on-site interviews with symposium attendees and film crew to help highlight the training event for future promotions. PR assistant also helped to conduct on-site interviews.
- PR coordinator updated symposium sponsors on the OEMS website.
- PR coordinator finalized on-site event signage and submitted it for print.
- PR coordinator organized and submitted symposium info to be used in the Symposium mobile app, which copied the information in the printed On-Site Guide.
- Coordinated all handouts (from sponsors and OEMS staff) to be included in the registration packets. The week of October 30 – November 3, 2017, OEMS staff stuffed and packed 1,800 registration packets.
- Fielded calls and emails from providers regarding registration, cancellations and vendors requesting sponsorship opportunities and the availability of vendor hall space.
- Attended the 38th Annual Virginia EMS Symposium, November 7-12, 2017. Assisted with registration and signage, coordination of the Governor’s EMS Awards ceremony and reception, the flu shot clinic and other on-site events. Assisted with the vendor hall and updated social media sites with classroom/instructor updates and other event info.
- After the conclusion of the Symposium, the PR assistant verified CE credits and emailed Leadership and Management honorary certificates to eligible Symposium attendees who signed up for and met the certificate requirements.
- PR coordinator emailed Symposium photos per requests received from symposium attendees.

Governor’s EMS Awards Program

- PR assistant sent email invite to all Governor’s EMS Award nominees to attend the 2017 Annual Governor’s EMS Awards ceremony and monitored nominee’s RSVP to the award ceremony.
 - She also sent all nominees that RSVP’d to attend the event award ribbons to identify them and allow early entrance to the event.
- PR assistant prepared the presentation book that contained the award winners’ brief bios, which were read during the awards ceremony.
 - She also designed the PowerPoint presentation to display the award nominee’s photos and agency affiliations at the beginning of the banquet, but due to changes in the format that PowerPoint was not displayed during the event.
- PR coordinator prepared awards presentation banquet script for the digital film crew.

- PR coordinator prepared the Governor’s EMS Award winners’ bios and pictures and posted it on the OEMS website homepage.
- PR coordinator sent out a statewide press release announcing the Governor’s EMS Award winners November 20, 2017.
- Sent email through the OEMS listserv recognizing the 2017 Governor’s EMS Award winners.
- Promoted award winners through OEMS Facebook and Twitter social media sites.
- Sent additional award winner information and photos as requested from public or media.
- PR assistant worked with the Governor’s EMS Awards Nomination committee to start updating the 2018 Regional EMS Awards nomination forms. Following final approval, the updated forms.

Media Coverage

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

- Oct. 2 – Reporter from the News and Advance inquired about state policies re: EMS Agency Shutdown Policies/Liquidation of Assets
- Oct. 11 – Reporter from Virginia Living Magazine wanted more info re: Va. Trauma Centers w/Pediatric designation.
- Oct. 24 – Reporter from the News and Advance inquired about report that was submitted for the House Bill 1728 workgroup/additional information that was available.
- Oct. 27 – Reporter from Southside Daily inquired about data for paramedic shortages in Va. in regards to a local college paramedic program.
- Dec. 1 – Reporter from the Virginian Pilot inquired about a Va. EMS provider and the status of their EMS credentials, and if there are any enforcement actions against said provider.
- Dec. 20 – Reporter from the News and Advance inquired about Altavista EMS’ closure and donation of assets.

OEMS Communications

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

- On a daily basis, the PR assistant monitors and provides assistance to the emails received through the EMS Tech Assist account and forwards messages to their respective divisions.
- The PR assistant is the CommonHealth coordinator at OEMS, and as such, she sends out weekly CommonHealth Wellnotes to the OEMS staff.
- The PR assistant coordinated an office-wide (internal) charity event, “Socktober”, where staff members could donate new socks to benefit a local charity organization, Richmond Friends of the Homeless. Our office collected 147 pairs of socks to help support those in need.
- 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.
- PR coordinator and PR assistant update OEMS website with content and documents upon request from Division Managers within the office.
- 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.

- PR coordinator designed logos for the 40th anniversary of the Rescue Squad Assistance fund and the 50th anniversary of the Office of EMS.
- PR coordinator will begin working with VDH to coordinate the OEMS anniversary with the VDH's 110th anniversary, which takes place in 2018.

VDH Communications

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

- **October - December** – 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 October – December. Submissions that were recognized appear as follows:

- **10-16-17 - OEMS and OHE Launch Web-Based EMS Training Scholarship Program**

On October 2, the new Emergency Medical Services Scholarship Program (EMSSP) was officially launched for candidates seeking an initial or advanced EMS credential in Virginia. EMSSP provides funding support to qualified applicants via a web-based application. The new online format is the result of a 10-month collaboration between the Office of EMS (OEMS) under the leadership of Director Gary Brown, Assistant Director Scott Winston and Business Manager Adam Harrell and the Office of Health Equity (OHE) under the leadership of Acting Director Justin Crow and Division of Primary Care & Rural Health Director Heather Anderson.

OEMS and OHE administers a successful scholarship distribution program for nurses and they were confident that OHE could do the same for Emergency Medical Technicians and Paramedics. OHE's Health Workforce Specialist Olivette Burroughs, who jumped at the chance to help, worked with OEMS Training & Development Coordinator Sr. Charles Faison to develop the new online scholarship program. Arthur Lyubliner, Office of Information Management (OIM), and Hieu Ngo, OIM developer programmer, upgraded OHE's scholarship database based on criteria set forth by Olivette and Charles. The result is a robust system designed to accept hundreds of applications per

quarter in order to assure Virginia's EMS providers receive the financial assistance needed to attend EMS training programs and provide emergency care throughout the state. Learn more: <https://www.vdh.virginia.gov/EMSSP/>.

- **12-04-17 - OEMS Hosts 38th Annual Virginia EMS Symposium**

The Virginia Office of Emergency Medical Services (OEMS) recently hosted the 38th Annual Virginia EMS Symposium. The largest EMS training event in the state, and one of the largest in the country, welcomed more than 1,700 registered attendees. The symposium offered 13 course tracks and more than 360 courses covering everything from hands-on training in trauma, medical and cardiac care to education for pediatrics, operations, and health and safety.

Approximately 21,245 hours of continuing education (CE) credits were issued to EMS providers attending the symposium. New this year - the EMS Symposium app was available to Apple users, as well as Android users. The app offered class schedules, course evaluations, important updates, on-site event information and more. This convenient mobile app continues to receive positive reviews from event participants. The training event also included a two-day youth rescue camp for children ages 8 – 12, which taught basic lifesaving skills and the Governor's EMS Awards, which recognized excellence in the field. Many thanks to the entire OEMS staff whose assistance and dedication make this event a continued success.

Additional thanks go to staff responsible for preplanning, event coordination and on-site assistance: Gary Brown, director; Scott Winston, assistant director; Warren Short, EMS training manager; Adam Harrell, business manager; Dr. George Lindbeck, state medical director; Deborah Akers, ALS training specialist; Frank Cheatham, HMERT coordinator; Terry Coy, media specialist III; Charles Faison, training and development coordinator senior; Tristen Graves, public relations assistant; Irene Hamilton, executive secretary; Norma Howard, continuing education coordinator; and Marian Hunter, public relations coordinator. Thanks also to the following for their support: Kim Barton, Wayne Berry, Peter Brown, James Burch, Samuel Burnette, Patricia Couser, Camela Crittenden, Kenneth Crumpler, Ed Damerel, Amanda Davis, Timothy Erskine, Paul Fleenor, Jacqueline Hunter, Dheeraj Katangur, Ron Kendrick, Douglas Layton, Gabriella Lyons, Manoj Madhavan, Tracy Mason, Stephen McNeer, Karen Owens, Kimberly Owens, Tim Perkins, Winnie Pennington, Linwood Pulling, Wanda Street, Lenice Sudds, Robert Swander and Scotty Williams.

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 fourth quarter, 2017:

EMS Agency/Provider Compliance

Enforcement	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	CY20 14	CY20 15	CY20 16	CY20 17
Citations	25	26	12	15	40	55	53	78
EMS Agency	14	13	6	4	22	23	23	37
EMS Provider	11	13	6	11	18	32	30	41
Verbal Warning	0	1	3	1	21	6	7	5
EMS Agency	0	0	2	0	11	5	3	2
EMS Provider	0	1	1	1	10	1	4	3
Correction Order	11	13	4	2	59	64	62	30
EMS Agency	11	13	4	2	59	64	62	30
EMS Provider	0	0	0	0	0	0	0	0

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	CY20 14	CY20 15	CY20 16	CY20 17
Temp. Suspension	7	2	3	3	20	26	25	15
EMS Agency	1	0	0	0	0	0	0	1
EMS Provider	6	2	3	3	12	26	25	14
Suspension	3	0	3	1	11	15	11	7
EMS Agency	0	0	0	0	1	0	0	0
EMS Provider	3	0	3	1	5	15	11	7
Revocation	3	1	0	0	7	8	4	4
EMS Agency	0	0	0	0	0	0	0	0
EMS Provider	3	1	0	0	4	8	4	4
Compliance Cases	55	45	28	32*	202	166	121	160*
EMS Opened	37	15	10	15*	140	112	71	77*
EMS Closed	18	15	11	9	62	54	48	53
Drug Diversions	3	5	10	2	21	15	16	20
Variances	2	2	4	x	29	23	16	8*
Approved	2	1	3	x	16	14	13	6*
Denied	0	1	1	x	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

October 16 – Rosenoff; Raikes

November 28 – Burd; Stanford

Licensure

Licensure	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	CY2014	CY2015	CY2016	CY2017
EMS Agency	633	626	626	621	669	646	638	621
New	2	1	1	1			6	5
EMS Vehicles	4,217	4,256	4,537	4,679	4,137	4,568	4,227	4,679
Inspection	754	976	664	695*	2,997	2,854	3,400	3,089*
EMS Agency	108	85	68	58	289	319	222	319
EMS Vehicles	516	756	441	565	2,261	1,964	2,564	2,278
Spot	130	135	155	72*	447	571	563	492*

***Note: Statistical data may be slightly incomplete due to the migration to Oracle platform.**

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 with relevant information about this process on the OEMS website at the following URL: <http://www.vdh.virginia.gov/emergency-medical-services/regulations-compliance/criminal-history-record/>.

Background Checks	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	CY2014	CY2015	CY2016	CY2017
Processed	2,366	1,883	1,855	1,529	3,488	6,773	8,157	7,633
Eligible	2,120	1,181	1,290	1,424	2,683	5,415	5,916	6,015
Non-Eligible	8	6	4	12	19	50	46	30
Outstanding	13	78	369	46	546	1,091	1,362	
Jurisdiction Ordinance	246	351	222	482		189	1,167	1,301

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 was held on October 25 (Waynesboro) to continue work on a draft of the “Proposed” EMS Regulations (Chapter 32). At the February 2018 meeting of the Rules and Regulations committee information will be shared that impacts the proposed EMS Regulations based on actions of the 2018 session of the General Assembly and the implementation of a new Licensure, Compliance and Regulations (LCR) database.
- 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 January 4, 2017 is 446.

Two regional OMD workshops were conducted during the last quarter of 2017 at the : Virginia EMS Symposium, TEMS/PEMS Councils. Upcoming dates are posted on the Virginia OEMS Website for the first half of the 2018 year with the first update scheduled for March 8, 2018 in Fairfax.

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 December 6-8, 2017 in Glen Allen, Virginia. The next divisional staff meeting is scheduled for February 7-9, 2018 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:

October 19 – Mr. Berg represented OEMS at EMS World Expo - Las Vegas, NV

October 25 – Staff attended Rules & Regs Committee work session – Waynesboro, VA

November 8-12 – Staff attended the Virginia EMS Symposium – Norfolk, VA

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 completed the process of converting data, files and processes from the existing Licensure and Investigation Lotus Notes database to a new Licensure, Compliance and Regulations (LCR) Oracle database for the Division of Regulation and Compliance. This new platform went live on December 16, 2017. This project streamlines the process for EMS agencies to submit requests for permits, schedule inspections, and offers additional tools for them to upload information; in addition to staff tracking, agency management and the inspection process. Mr. Paul Fleenor and Mr. Wayne Berry have worked extensively with OIM to design, implement and train staff members on this project. Staff are currently working on user guidelines for EMS agencies that will be disseminated soon.

The Office received approval to recruit for the vacant Regulation and Compliance Manager position. The recruitment for this position received 29 applications. 14 highly qualified individuals were selected for interviews, which were conducted on January 9th & 10th, 2018. The Office hopes to on-board a replacement for the position vacated by Mr. Berg by mid-March,

2018. In the interim, managerial unit work activities have been handled by Mr. Scott Winston, Assistant Director; and Mr. Jimmy Burch and Ms. Heather Phillips, the two EMS Program Representative Supervisors.

The Office, in conjunction with VDH is in the process of developing an internal policy to reinstate EMS providers who have been sanctioned as a result of a substance abuse issue. Collaboration efforts have begun with the EMS Advisory Board group to ensure consistency with their project regarding treatment and monitoring programs, such as the Health Practitioners Monitoring Program (HPMP) utilized by the Virginia Board of Nursing and the Board of Medicine. A draft policy for review and approval by Drs. Melton and Levine will be shared with them once work has been completed.

Technical Assistance

VIII. Technical Assistance

EMS Workforce Development Committee

The EMS Workforce Development Committee met on February 1, 2018. 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's primary goal is to complete the EMS Officer and Standards of Excellence (SoE) programs.

EMS Officer Sub-Committee

A pilot of the EMS Officer I program was offered as a session at the 2017 Virginia EMS Symposium, with 21 students completing 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 Excellence is reviewed using an assessment document that details optimal tasks, procedures, guidelines and best practices necessary to maintain the business of managing a successful and viable 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 and work with EMS agencies interested in participating in the SoE process.

The Virginia Recruitment and Retention Network

The Virginia Recruitment and Retention Network met informally on November 10, 2017, in conjunction with the Virginia EMS Symposium.

The next meeting is scheduled to be held on Thursday, February 22, 2018 from 11:30am-1:30pm at Virginia Beach Rescue Squad Station 14, in conjunction with the 2018 Virginia Fire Chief's Association Conference.

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
 - Support staff fielded over 450 emails, support tickets and phone calls for the following issues:
 - Account maintenance
 - Data quality issues
 - Report Writer issues
 - General Software Issues
- NEMSIS
 - Transition from NEMSIS version 3.3.4 to 3.4.0:
 - NEMSIS released the Data Dictionary need for the transition to v3.4.0 in July 2016
 - The NEMSIS TAC committed to collecting both v3.3.4 and v3.4.0 through the end of 2017. NEMSIS v3.4 became the nationwide standard on January 1, 2018.
 - OEMS works in synchronization with the NEMSIS revision process and began working to complete the transition to v3.4 by the January 31, 2017 national deadline. ([Version 3 Ongoing Update Schedule](#)).
 - In addition to the nationwide NEMSIS announcements, Virginia EMS agencies were made aware of the transition through our standard communication process.
 - As of January 1, 2018, 73% of the EMS agencies in Virginia are submitting data in v3.4.0 format. The agencies still submitting v3.3.4 are utilizing third party software vendors.
 - NEMSIS TAC maintains a directory of NEMSIS compliant software vendors so that agencies can check the status of their vendor at any time: [V3 Compliant Software Testing Status – 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 Reports (Aug-Nov 2017)

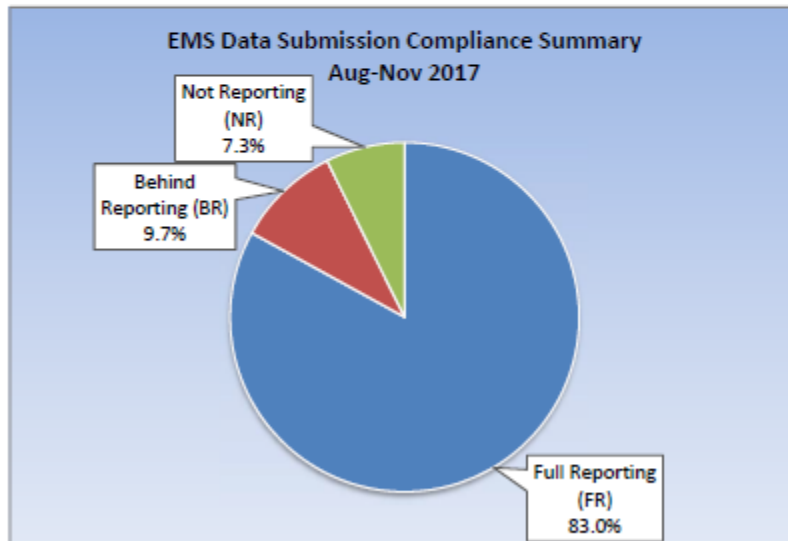
EMS Data Submission Compliance Summary By EMS Council Region, Aug-Nov 2017

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	8	1	55	83.6%
Lord Fairfax	14	1	1	16	87.5%
Northern Virginia	29	5	1	35	82.9%
Old Dominion	71	9	6	86	82.6%
Peninsulas	39	3	2	44	88.6%
Rappahannock	29	5	2	36	80.6%
Southwest Virginia	63	5	14	82	76.8%
Thomas Jefferson	24	2	2	28	85.7%
Tidewater	36	9	5	50	72.0%
Western Virginia	78	4	5	87	89.7%
Out of State	9	1		10	90.0%
Grand Total	464	54	41	559	83.0%

Full Reporting (FR) - EMS Agencies Reporting All 4 Months

Behind Reporting (BR) - EMS Agencies Missing 1-2 Months

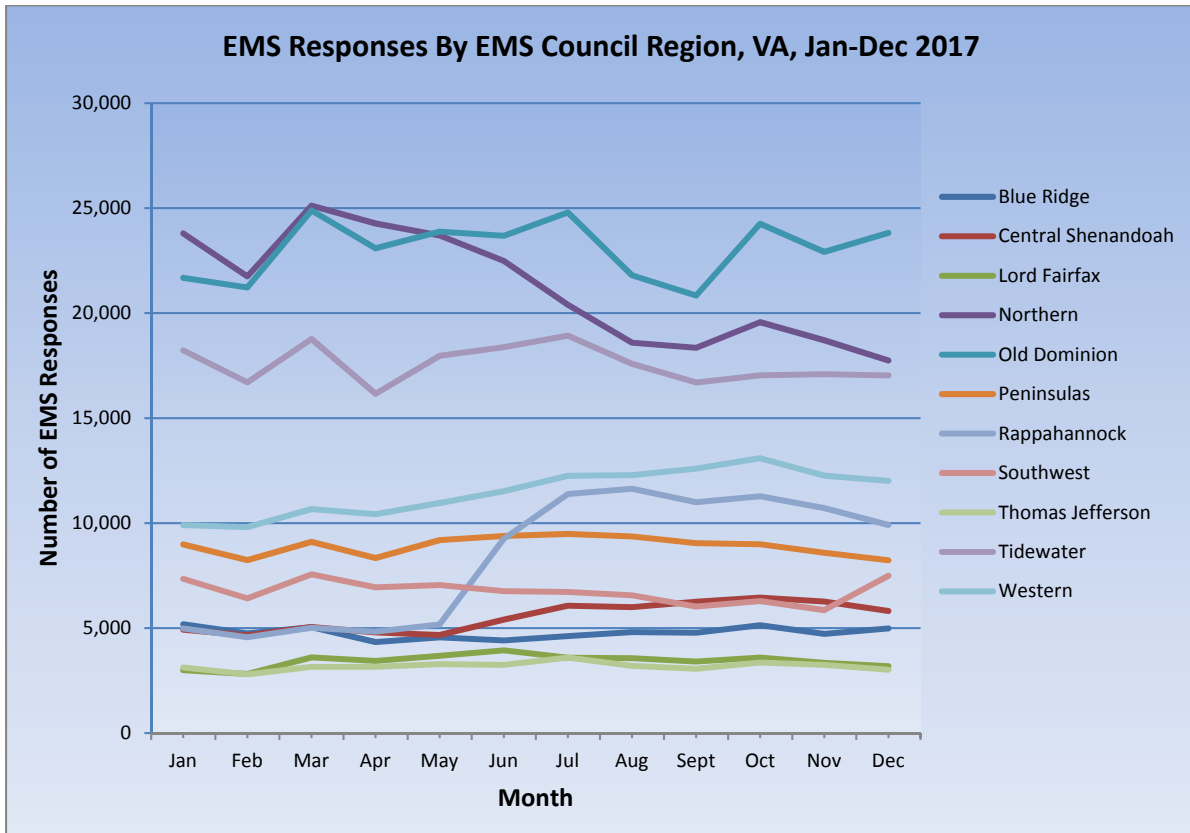
Not Reporting (NR) - EMS Agencies Missing 3-4 Months



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 Aug-Nov 2017 as of 12/17/2017. Numbers do not include any reports submitted under VPHIB v2. EMS agencies should be reporting to VAv3 as of 1/1/2017.

○ EMS Volumes

EMS Council Region	Q1 2017		Q2 2017		Q3 2017		Q4 2017		Grand Total	Percent
	Total	Percent	Total	Percent	Total	Percent	Total	Percent		
Blue Ridge	14,982	4.3%	13,313	3.7%	14,208	3.9%	14,856	4.1%	57,359	4.0%
Central Shenandoah	14,635	4.2%	14,878	4.2%	18,316	5.0%	18,541	5.1%	66,370	4.6%
Lord Fairfax	9,425	2.7%	11,061	3.1%	10,564	2.9%	10,131	2.8%	41,181	2.9%
Northern	70,668	20.2%	70,455	19.7%	57,343	15.6%	56,024	15.4%	254,490	17.7%
Old Dominion	67,793	19.4%	70,654	19.8%	67,442	18.4%	70,992	19.5%	276,881	19.2%
Peninsulas	26,324	7.5%	26,919	7.5%	27,904	7.6%	25,809	7.1%	106,956	7.4%
Rappahannock	14,566	4.2%	19,255	5.4%	34,019	9.3%	31,914	8.8%	99,754	6.9%
Southwest	21,327	6.1%	20,751	5.8%	19,317	5.3%	19,638	5.4%	81,033	5.6%
Thomas Jefferson	9,078	2.6%	9,686	2.7%	9,862	2.7%	9,633	2.6%	38,259	2.7%
Tidewater	53,705	15.3%	52,511	14.7%	53,211	14.5%	51,160	14.1%	210,587	14.6%
Western	30,388	8.7%	32,909	9.2%	37,139	10.1%	37,361	10.3%	137,797	9.6%
Other/Out of State	17,371	5.0%	15,248	4.3%	17,827	4.9%	17,701	4.9%	68,147	4.7%
Grand Total	350,262	100.0%	357,640	100.0%	367,152	100.0%	363,760	100.0%	1,438,814	100.0%



- **Opioid Data:**

- The VDH Addiction Work Group coordinates data resources used in the development of 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 is on the Virginia Department of Health website at [Opioid Addiction – Data](#).
- At this time there have been in excess of 20 bills introduced in the House and Senate that relate to the abuse and/or use of opioids to include the administration of naloxone, physician prescribing practices and data collection and sharing. Detailed information about the proposed legislation is in the Virginia Legislative Information System (<http://leg1.state.va.us/lis.htm>).
- House Bill 1347 is specific to EMS, Law Enforcement, and Hospital Emergency Departments and can also be viewed at: <http://leg1.state.va.us/lis.htm>

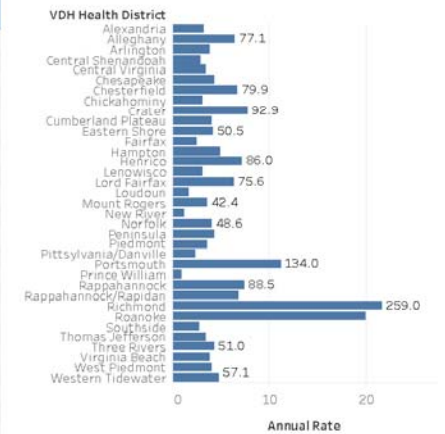
Summary as introduced:

Reporting of controlled substance overdoses. Requires the Office of the Chief Medical Examiner, state and local law-enforcement agencies, emergency medical services agencies, and hospitals to report information about overdoses of controlled substances within 120 hours of receiving such information to the Office of the Secretary of Health and Human Resources and for the Secretary to make such information available to public health, law-enforcement, and emergency medical service agencies and fire departments and companies within 120 hours of receiving the information. The bill also requires the Secretary to report this information quarterly to the Governor and for such report to be made available to all public health, law-enforcement, and emergency medical services agencies in the Commonwealth. The bill patron is Delegate Webert and the Delegates Legislative Director informed OEMS that the bill was created at the request of Fauquier County Department of Fire Rescue and EMS.

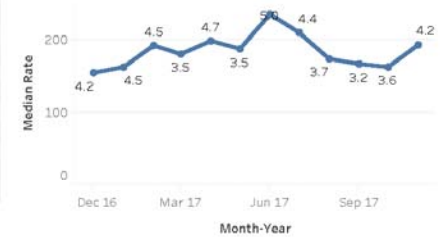
EMS Narcan Administration Rates (Per 100,00 Persons) By VDH Health District By Month, VA, Dec 2016-Nov 2017

VDH Health District	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Grand Total
Alexandria	2.1	5.7	1.4	3.6	6.4	2.1	4.3	3.6	0.7	3.6	3.6	2.1	39.3
Alleghany	1.7	4.5	4.5	5.1	3.9	13.5	11.3	5.6	12.4	6.2	0.6	7.9	77.1
Arlington	5.8	4.3	2.9	4.3	5.3	2.9	6.7	5.3	1.0	2.4	1.9	2.9	45.8
Central Shenandoah	1.7	4.2	3.5	3.1	2.8	2.4	2.8	1.4	2.4	4.2	2.1	3.8	34.5
Central Virginia	5.9	2.0	1.2	4.4	3.2	3.6	4.4	3.6	3.6	3.2	2.0	4.7	41.6
Chesapeake	5.4	4.5	5.0	3.2	5.4	3.2	3.6	5.9	4.5	2.7	2.3	6.3	51.8
Chesterfield	8.0	5.5	5.3	3.0	4.7	8.3	5.0	9.7	7.7	8.3	5.8	8.6	79.9
Chickahominy	1.4	2.7	1.4	0.7	3.4	0.7	3.4	11.5	2.7	2.7	4.8	1.4	36.7
Crater	4.5	5.1	9.6	4.5	5.1	10.9	12.2	12.2	9.6	8.3	6.4	4.5	92.9
Cumberland Plateau	4.4	5.3	6.1	2.6	6.1	4.4	5.3	6.1	1.8	1.8	1.8	3.5	49.1
Eastern Shore	6.6	6.6	0.0	4.4	4.4	0.0	0.0	4.4	4.4	6.6	11.0	2.2	50.5
Fairfax	1.9	2.9	2.7	3.2	2.9	2.1	2.8	2.1	2.6	2.1	2.6	2.4	30.3
Hampton	13.1	17.5	8.0	7.3	1.5	2.2	0.7	1.5	1.5	2.2	1.5	1.5	58.2
Henrico	7.8	5.9	13.0	7.2	11.1	7.2	6.5	6.2	4.9	5.5	4.2	6.5	86.0
Lenowisco	1.1	1.1	6.4	2.1	2.1	3.2	0.0	3.2	3.2	4.2	6.4	4.2	37.2
Lord Fairfax	5.0	5.0	12.6	9.9	5.4	5.4	4.1	7.2	2.7	7.2	5.0	6.3	75.6
Loudoun	3.2	4.2	1.6	1.3	1.9	0.6	1.6	1.3	0.6	1.0	1.0	1.3	19.5
Mount Rogers	1.5	4.6	2.1	4.6	4.1	1.5	3.1	5.7	6.2	3.1	3.6	2.1	42.4
New River	0.0	1.1	1.7	0.0	2.2	1.1	2.2	1.1	2.2	0.6	0.6	1.1	14.0
Norfolk	2.1	8.2	4.5	2.1	4.9	2.9	7.4	4.5	3.3	2.1	2.9	3.7	48.6
Peninsula	4.7	4.4	6.2	5.3	2.9	5.0	2.4	4.1	3.5	4.4	5.6	2.9	51.6
Piedmont	1.9	1.9	5.7	2.9	4.8	4.8	5.7	1.9	2.9	1.9	3.8	4.8	43.0
Pittsylvania/Danville	2.8	0.9	0.0	1.9	4.7	2.8	1.9	2.8	3.8	1.9	1.9	3.8	29.1
Portsmouth	4.2	7.3	7.3	9.4	8.4	14.7	14.7	9.4	8.4	15.7	14.7	19.9	134.0
Prince William	1.1	1.1	1.1	1.5	0.7	0.2	1.3	0.7	0.4	0.9	0.9	0.9	10.8
Rappahannock	6.7	8.5	4.9	9.8	7.0	5.8	7.9	11.9	6.7	7.9	4.0	7.3	88.5
Rappahannock/Rapidan	6.0	6.6	3.6	9.0	9.6	6.0	9.0	7.2	6.6	4.8	6.6	6.6	81.9
Richmond	5.9	9.3	25.5	25.0	29.4	26.0	28.9	30.8	19.6	16.6	20.6	21.5	259.0
Roanoke	15.5	5.2	21.6	19.6	14.4	22.7	42.3	20.6	21.6	18.6	14.4	22.7	239.1
Southside	2.3	1.2	3.5	3.5	3.5	3.5	3.5	0.0	4.6	2.3	3.5	2.3	33.6
Thomas Jefferson	3.4	3.4	1.7	3.0	3.8	2.6	5.1	4.7	2.1	3.0	3.8	5.5	42.2
Three Rivers	5.0	5.0	4.2	2.8	4.2	3.5	5.7	4.2	4.2	4.2	2.8	5.0	51.0
Virginia Beach	3.2	2.7	4.6	1.8	6.4	3.0	5.7	3.4	3.7	2.5	3.4	5.3	45.7
West Piedmont	4.2	1.4	3.5	5.6	5.6	3.5	7.0	2.8	4.2	0.7	3.5	6.3	48.4
Western Tidewater	5.4	3.4	6.1	3.4	6.8	6.1	7.5	4.1	4.1	4.1	4.1	2.0	57.1

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



EMS Narcan Median Rates (Per 100,000 Persons) By Month, VA, Dec 2016-Nov 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 Dec 2016-Nov 2017 as of 12/12/2017. 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.

** Report is for the use of VDH staff and designated personnel only.
Please do not share with external agencies unless specific permission has been granted.**

Trauma and Critical Care

- 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 December 7, 2017 in Richmond. The Trauma System Plan Task Force will be having a retreat on February 6, 2018 to finalize the assessment portion of strategic planning. Next steps will be determined at that meeting. The report will be presented for review at the March 2018 Trauma System Oversight and Management Committee meeting.

- The membership rosters, meeting dates, locations and meeting minutes can be accessed on the new OEMS web site at [Trauma System – Emergency Medical Services](#).
- Critical Care
 - OEMS staff presented the MDC/EMS Advisory Board approved State Stroke Triage Plan to the Virginia Board of Health at their November 30, 2017 quarterly meeting. The Board unanimously approved the plan as presented. Several of the members commended the stakeholders for producing such a comprehensive resource document. Many thanks to the members of the State Stroke Plan Workgroup who worked so hard to produce this document.

Trauma Center Designations

- Verification Visits
 - Sentara Virginia Beach General Hospital underwent their triennial survey on October 12, 2017. The Commissioner verified their designation
- Upcoming Visits
 - Chippenham Medical Center-triennial survey
 - Riverside Regional Medical Center-triennial survey
- Designation Visits
 - Carilion Roanoke Memorial Hospital has submitted a letter of intent to seek Level 1 Pediatric Trauma Designation. They are still in the application process and a site visit has not been scheduled.

EMS for CHILDREN (EMSC) PROGRAM

Final days of the current EMS Agency Survey!

The current national survey of EMS Agencies to determine baseline data for new EMSC Performance Measures EMSC 02 (coordination of pediatric care) and EMSC 03 (use of pediatric-specific equipment) is still underway, but in Virginia, it will end February 28. We need to get one survey submitted from each licensed EMS agency that responds to 911 calls, and we need an 80% response rate.

- Please ask agency leadership if their agency has responded. The online survey takes only 8-10 minutes to complete and is easily accessible at www.emscsurveys.org. The *agency name* will NOT show in the “county” dropdown list if a survey *has already been started or submitted*.
- If the agency name does still show, the survey still needs to be done! Collecting this data is important; multi-year goals are formulated from the results. Paper copies of the survey are also available at www.emscsurveys.org.
- **NOTE:** Each agency that submits an online EMS Survey will be provided 1 (one) updated ©**PediaTape** (*November 2017 Expanded Version*). This is a two-sided length-based pediatric tape that aids in determining the proper medication dosing and sizes of pediatric equipment needed.

Child restraint systems to become available in February & March

The EMS for Children program expects to begin offering access to child restraint systems obtained with EMSC State Partnership Grant funding during February and March. We will soon issue a survey to determine which agencies have this need, as supplies are necessarily limited to funding available.

Survey of hospital transfer guidelines and agreements planned for summer

Surveying of hospitals regarding the presence of *written inter-facility transfer guidelines and agreements* (Performance Measures EMSC 06 and 07) is set for May15-August 15, 2018. This will be done by all states simultaneously, instead of by cohorts, due to time pressures for HRSA in determining the data.

Safe transport of children resource

A “*Pediatric EMS Transport*” PowerPoint presentation is available upon request. 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” best practices and recommendations, and these will be made available as they present.

Injury, illness, and abuse prevention...

- Injury prevention
- “Safe sleep”
- “Kids in hot cars”
- Family preparedness
- Inhalation abuse
- Pool safety
- Window blinds danger
- Car seat emerg. ID stickers
- “Choking game”
- Car seat safety
- Human trafficking
- Mandatory reporting (abuse)
- Family preparedness Unaccompanied minors
- Family reunification issues

All these are issues and concerns for which the EMS for Children program strives to assist EMS providers, agencies and their families to understand and confront by providing information, awareness training and (when appropriate) resources.

Upcoming EMSC-related meetings:

- EMSC Program Manager’s Meeting (Austin, TX), April 30-May 2, 2018
- NASEMSO 2018 Annual Meeting (Providence, RI), May 2-24, 2018

EMSC State Partnership Grant application submitted.

Virginia submitted a competing continuation application for the EMSC State Partnership Grant on January 8, 2018. The new grant cycle, which has changed, will now begin April 1, is expected to be four years, with a potential extension for a 5th year. Whether or not the grant is actually awarded and funded going forward is still undetermined, as the President chose not to include funding of the EMS for Children program in his initial budget recommendation.

Highlights of proposed activities in next EMSC 4-year grant cycle (4/1/18 through 3/31/22):

- Continued support of a dedicated pediatric track at the annual EMS Symposium.
- Facilitation/support of NASEMSO initiative to develop specific ambulance/equipment standards (includes crash testing) to guide manufacturers in producing safest pediatric equipment alternatives.
- Participation in at major Quality Improvement (QI) Collaborative.
- On-site hospital ED pediatric capabilities assessed upon request (6-8 visits per year planned)
- Continuing collaboration(s) to support pediatric disaster planning and preparedness.
- Facilitation of EMS agency outreach (“Stop the Bleed” program supplies, as funds allow).
- Facilitation of provider level pediatric skills checks (provide CE module for agencies).
- Support regional pediatric training and ENPC courses (as funds allow).
- Facilitation of pediatric dosing accuracy (provide some dosing systems, tapes, etc. as funds allow).
- Potential EMSC Boot Camp (to support and train agency pediatric coordinators, roll out pediatric skills checks CE modules, provide pediatric medication dosing best practices).
- Champion Virginia participation in 2019 National Pediatric Readiness Assessment.

EMSC Committee

The EMSC Committee met January 4, 2018 at the EMS Offices in Glen Allen, Virginia. In addition to their scheduled agenda, there was discussion of the anticipated new EMSC State Partnership Grant cycle and ways to support the NASEMSO initiative developing specific ambulance and equipment standards, outreach programs for EMS agencies teaching in their communities, training and supporting agency pediatric coordinators, providing ready-to-go CE modules to EMS agencies for demonstrating pediatric equipment skills.

Suggestions/Questions

Please submit suggestions or questions related to the Virginia EMSC Program to David P. Edwards via email (david.edwards@vdh.virginia.gov), or by calling 804-888-9144 (direct line).



The EMS for Children (EMSC) Program is a part of the Division of Trauma and Critical Care, within the Virginia Office of Emergency Medical Services (OEMS).

The Virginia EMSC Program receives significant funding for programmatic support through the EMSC State Partnership Grant (H33MC07871) awarded by the U.S. Department of Health and Human Services (HHS) via the Health Resources & Services Administration (HRSA), and administered by the Maternal and Child Health Bureau (MCHB) Division of Child, Adolescent and Family Health.

Respectfully Submitted

OEMS Staff

Appendix

A

2018 Office of EMS Legislative Grid

January 26, 2018

Bills	Committee	Last action	<u>Date</u>
<u>HB 9</u> - <u>Krizek</u> - Safety restraints; all occupants of motor vehicles required to utilize.	<u>(H) Committee on Transportation</u>	(H) Subcommittee recommends passing by indefinitely (6-Y 4-N)	01/23/18
<u>HB 135</u> - <u>Bell, John J.</u> - Dissemination of juvenile record information; emergency medical services agency applicants. (notes!)	<u>(H) Committee for Courts of Justice</u>	(H) Assigned Courts sub: Subcommittee #3	01/16/18
<u>HB 175</u> - <u>Poindexter</u> - Hospital licenses, certain; effective date.	<u>(H) Committee on Health, Welfare and Institutions</u> <hr/> <u>(S) Committee on Education and Health</u>	(S) Referred to Committee on Education and Health	01/23/18
<u>HB 250</u> - <u>Guzman</u> - Virginia Fire Services Board; changes membership.	<u>(H) Committee on Militia, Police and Public Safety</u>	(H) Assigned MPPS sub: Subcommittee #2	01/15/18
<u>HB 374</u> - <u>Yancey</u> - Controlled substances; exposure, bodily injury to law-enforcement officers, etc., penalty.	<u>(H) Committee for Courts of Justice</u>	(H) Referred to Committee for Courts of Justice	01/05/18
<u>HB 519</u> - <u>Bell, Robert B.</u> - Violent felony; definition, assault and battery against a law-enforcement officer, etc.	<u>(H) Committee for Courts of Justice</u>	(H) Referred to Committee for Courts of Justice	01/08/18
<u>HB 549</u> - <u>Freitas</u> - State agency; legislation requiring an agency to adopt regulations.	<u>(H) Committee on Rules</u>	(H) Referred to Committee on Rules	01/08/18
<u>HB 563</u> - <u>Fowler</u> - Motor vehicles, certain; flashing red or red and white warning lights.	<u>(H) Committee on Transportation</u>	(H) Reported from Transportation (22-Y 0-N)	01/25/18
<u>HB 595</u> - <u>Carr</u> - Overdoses; safe reporting.	<u>(H) Committee for Courts of Justice</u>	(H) Subcommittee recommends passing by indefinitely (7-Y 1-N)	01/17/18
<u>HB 633</u> - <u>Krizek</u> - Driver's licenses; suspensions for certain non-driving related offenses.	<u>(H) Committee for Courts of Justice</u>	(H) Referred to Committee for Courts of Justice	01/09/18

<u>HB 643</u> - <u>Hope</u> - First responders; reduced rate tuition.	<u>(H) Committee on Education</u>	(H) Assigned Education sub: Subcommittee #3	01/19/18
<u>HB 672</u> - <u>Kilgore</u> - Driver's licenses; suspension of license for unsatisfied judgments and after certain accidents.	<u>(H) Committee for Courts of Justice</u>	(H) Referred to Committee for Courts of Justice	01/23/18
<u>HB 729</u> - <u>Head</u> - Virginia Fire Services Board; powers & duties, modular training program for volunteer firefighters.	<u>(H) Committee on Militia, Police and Public Safety</u>	(H) Assigned MPPS sub: Subcommittee #2	01/17/18
<u>HB 777</u> - <u>Ransone</u> - Emergency air medical transportation; informed decision.	<u>(H) Committee on Health, Welfare and Institutions</u>	(H) Read first time	01/25/18
<u>HB 778</u> - <u>Ransone</u> - Health care providers; air ambulance providers, written disclosure.	<u>(H) Committee on Health, Welfare and Institutions</u>	(H) Read first time	01/25/18
<u>HB 815</u> - <u>Levine</u> - Individuals receiving services; right to unmonitored communication and access to 911.	<u>(H) Committee on Health, Welfare and Institutions</u>	(H) Subcommittee recommends striking from docket (10-Y 0-N)	01/23/18
<u>HB 842</u> - <u>LaRock</u> - Controlled paraphernalia; possession or distribution, hypodermic needles and syringes, naloxone.	<u>(H) Committee on Health, Welfare and Institutions</u>	(H) Reported from Health, Welfare and Institutions with amendments (22-Y 0-N)	01/25/18
<u>HB 872</u> - <u>Orrock</u> - Hospitals and nursing homes; frequency of inspections.	<u>(H) Committee on Health, Welfare and Institutions</u>	(H) Stricken from docket by Health, Welfare and Institutions (22-Y 0-N)	01/23/18
<u>HB 874</u> - <u>Orrock</u> - Certificates of public need; creates a three-phase process to sunset requirements.	<u>(H) Committee on Health, Welfare and Institutions</u>	(H) Referred to Committee on Health, Welfare and Institutions	01/09/18
<u>HB 881</u> - <u>Orrock</u> - Background checks; Department of State Police to recommend options to expedite process.	<u>(H) Committee on Militia, Police and Public Safety</u>	(H) Assigned MPPS sub: Subcommittee #2	01/17/18
<u>HB 882</u> - <u>Stolle</u> - Prescribers; notice of administration of naloxone.	<u>(H) Committee on Health, Welfare and Institutions</u>	(H) Assigned HWI sub: Subcommittee #2	01/17/18
<u>HB 941</u> - <u>Lopez</u> - Drivers' license; suspension for nonpayment of fines or costs.	<u>(H) Committee for Courts of Justice</u>	(H) Referred to Committee for Courts of Justice	01/09/18
<u>HB 1088</u> - <u>Boysko</u> - Hospitals; security and emergency department staff to receive mental health training.	<u>(H) Committee on Health, Welfare and Institutions</u>	(H) Assigned HWI sub: Subcommittee #2	01/18/18

<u>HB 1103</u> - <u>Stolle</u> - Small businesses; waiver of permit fees when affected by an emergency or disaster.	<u>(H) Committee on Militia, Police and Public Safety</u>	(H) Assigned MPPS sub: Subcommittee #2	01/17/18
<u>HB 1163</u> - <u>Ingram</u> - Fire protection; applicant preemployment information with fire departments.	<u>(H) Committee on Militia, Police and Public Safety</u>	(H) Assigned MPPS sub: Subcommittee #2	01/17/18
<u>HB 1175</u> - <u>Pillion</u> - Prescribers; notice of administration of naloxone.	<u>(H) Committee on Health, Welfare and Institutions</u>	(H) Assigned HWI sub: Subcommittee #1	01/18/18
<u>HB 1197</u> - <u>Garrett</u> - Stroke care; Department of Health shall be responsible for quality improvement initiatives.	<u>(H) Committee on Health, Welfare and Institutions</u>	(H) Subcommittee recommends reporting with substitute (10-Y 0-N)	01/25/18
<u>HB 1198</u> - <u>Garrett</u> - Stroke centers, certified; designation of hospitals.	<u>(H) Committee on Health, Welfare and Institutions</u>	(H) Reported from Health, Welfare and Institutions (22-Y 0-N)	01/25/18
<u>HB 1272</u> - <u>Watts</u> - Safety belt systems; requirement for rear passengers.	<u>(H) Committee on Transportation</u>	(H) Subcommittee recommends passing by indefinitely (6-Y 4-N)	01/23/18
<u>HB 1326</u> - <u>Reid</u> - Virginia Retirement System; E-911 dispatchers.	<u>(H) Committee on Appropriations</u>	(H) Assigned App. sub: Compensation & Retirement	01/19/18
<u>HB 1347</u> - <u>Webert</u> - Controlled substances; Reporting overdoses.	<u>(H) Committee on Health, Welfare and Institutions</u>	(H) Assigned HWI sub: Subcommittee #2	01/19/18
<u>HB 1388</u> - <u>Leftwich</u> - Enhanced Public Safety Telephone Services Act; implementation of 9-1-1 (NG9-1-1) services.	<u>(H) Committee on Commerce and Labor</u>	(H) Referred to Committee on Commerce and Labor	01/15/18
<u>HB 1411</u> - <u>Helsel</u> - Virginia Fire Services Board; powers and duties.	<u>(H) Committee on Counties, Cities and Towns</u>	(H) Subcommittee recommends passing by indefinitely (7-Y 0-N)	01/25/18
<u>HB 1412</u> - <u>Helsel</u> - Mental health awareness; training for firefighters and emergency medical services personnel.	<u>(H) Committee on Militia, Police and Public Safety</u>	(H) Assigned MPPS sub: Subcommittee #2	01/23/18
<u>HB 1420</u> - <u>Collins</u> - Virginia Fire Services Board; powers and duties.	<u>(H) Committee on Counties, Cities and Towns</u>	(H) Subcommittee recommends striking from docket (8-Y 0-N)	01/25/18
<u>HB 1513</u> - <u>Stolle</u> - Trauma Center Fund; expands scope of Fund, victims of violent felony offenses.	<u>(H) Committee for Courts of Justice</u>	(H) Referred to Committee for Courts of Justice	01/18/18

<u>SB 56</u> - <u>DeSteph</u> - Line of Duty Act; eligible dependents.	<u>(S) Committee on Finance</u>	(S) Rereferred to Finance	01/15/18
<u>SB 109</u> - <u>Black</u> - Dissemination of juvenile record information; emergency medical services agency applicants.	<u>(S) Committee for Courts of Justice</u>	(S) Read third time and passed Senate (40-Y 0-N)	01/25/18
<u>SB 118</u> - <u>Favola</u> - Dissemination of juvenile record information; emergency medical services agency applicants.	<u>(S) Committee for Courts of Justice</u>	(S) Incorporated by Courts of Justice (SB109-Black) (14-Y 0-N)	01/22/18
<u>SB 122</u> - <u>Wexton</u> - Dissemination of juvenile record information; emergency medical services agency applicants.	<u>(S) Committee for Courts of Justice</u>	(S) Incorporated by Courts of Justice (SB109-Black) (14-Y 0-N)	01/22/18
<u>SB 134</u> - <u>Stanley</u> - Hospital licenses, certain; effective date.	<u>(S) Committee on Education and Health</u>	(S) Requires 32 affirmative votes for passage	01/16/18
<u>SB 148</u> - <u>Edwards</u> - Driver's licenses; suspensions for certain non-driving related offenses.	<u>(S) Committee for Courts of Justice</u>	(S) Incorporated by Courts of Justice (SB181-Stanley) (15-Y 0-N)	01/24/18
<u>SB 181</u> - <u>Stanley</u> - Driver's license; suspension for nonpayment of fines or costs.	<u>(S) Committee on Finance</u>	(S) Incorporates SB148 (Edwards)	01/24/18
<u>SB 287</u> - <u>McClellan</u> - Statewide Trauma Registry; spinal cord injuries.	<u>(H) Committee on Health, Welfare and Institutions</u> <hr/> <u>(S) Committee on Education and Health</u>	(H) Referred to Committee on Health, Welfare and Institutions	01/23/18
<u>SB 304</u> - <u>Marsden</u> - Emergency medical services vehicles; temporary permit.	<u>(H) Committee on Health, Welfare and Institutions</u> <hr/> <u>(S) Committee on Education and Health</u>	(H) Referred to Committee on Health, Welfare and Institutions	01/23/18
<u>SB 346</u> - <u>Peake</u> - Fire Programs Fund; cancer prevention.	<u>(S) Committee on Commerce and Labor</u>	(S) Referred to Committee on Commerce and Labor	01/08/18
<u>SB 347</u> - <u>Peake</u> - Statewide cancer registry; information on firefighters.	<u>(S) Committee on Education and Health</u>	(S) Rereferred to Education and Health	01/15/18
<u>SB 418</u> - <u>Barker</u> - Public safety answering points; deployment of text-to-9-1-1.	<u>(S) Committee on Commerce and Labor</u>	(S) Read second time and engrossed	01/25/18
<u>SB 488</u> - <u>Edwards</u> - Virginia Fire Services Board; powers and duties.	<u>(S) Committee on General Laws and Technology</u>	(S) Referred to Committee on General Laws and Technology	01/09/18

SB 494 - Carrico - Line of Duty Act; health insurance coverage for eligible spouses.	(S) Committee on Finance	(S) Referred to Committee on Finance	01/09/18
SB 513 - Suetterlein - Enhanced Public Safety Telephone Services Act; implementation of 9-1-1 (NG9-1-1) services.	(S) Committee on Commerce and Labor	(S) Read second time and engrossed	01/25/18
SB 578 - Ebbin - Drivers' license; suspension for nonpayment of fines or costs.	(S) Committee for Courts of Justice	(S) Referred to Committee for Courts of Justice	01/09/18
SB 654 - McPike - Virginia Health Club Act; automated external defibrillator required in health clubs.	(S) Committee on Commerce and Labor	(S) Printed as engrossed 18103643D-E	01/25/18
SB 663 - McPike - Health benefit plan networks; air ambulance providers, duties of health care providers.	(S) Committee on Commerce and Labor	(S) Referred to Committee on Commerce and Labor	01/10/18
SB 670 - Deeds - Mental health awareness; training for firefighters and emergency medical services personnel.	(S) Committee on Education and Health	(S) Reported from Education and Health (10-Y 5-N)	01/25/18
SB 680 - Deeds - Emergency services; Highland County to impose fee to fund.	(S) Committee on Local Government	(S) Referred to Committee on Local Government	01/10/18
SB 703 - Ruff - Out-of-state emergency medical services providers; authorized to provide service in Commonwealth.	(S) Committee on Education and Health	(S) Reported from Education and Health with amendment (15-Y 0-N)	01/25/18
SB 715 - Chase - Firefighters and emergency medical services providers; carrying a concealed handgun.	(S) Committee on Finance	(S) Rereferred to Finance	01/15/18
SB 778 - Suetterlein - Statewide Fire Prevention Code; authorizes use of consumer fireworks, penalties.	(S) Committee on General Laws and Technology	(S) Referred to Committee on General Laws and Technology	01/10/18
SB 804 - Carrico - Controlled substances; Reporting overdoses.	(S) Committee on Education and Health	(S) Assigned Education sub: Health	01/22/18

Appendix

B

State EMS Advisory Board
Motion Submission Form

Committee Motion: Name: Training and Certification Committee

Individual Motion: Name: _____

Motion:

CPR will no longer be required as a pre-requisite for BLS classes. The student must possess a valid and current CPR card at the end of an initial certification course that meets the CPR criteria as verified by the course coordinator's possession in the student's file a copy of the student's CPR card.

EMS Plan Reference (include section number):

2.2.1 Ensure adequate, accessible, and quality EMS provider training and continuing education exists in Virginia.

4.2.2 Assure adequate and appropriate education of EMS students.

Committee Minority Opinion (as needed):

For Board's secretary use only:

Motion Seconded By: _____

Vote: By Acclamation: Approved Not Approved

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

Board Minority Opinion:

Meeting Date: _____

State EMS Advisory Board
Motion Submission Form

Committee Motion: Name: Training and Certification Committee

Individual Motion: Name: _____

Motion:

Remove the list of recognized CPR organizations and allow the education coordinator to verify that the CPR training program the student has completed meets the requirements of current guidelines of the American Heart Association "Standards for Cardiopulmonary Resuscitation (CPR) and Emergency Cardiac Care (ECC).

EMS Plan Reference (include section number):

2.2.1 Ensure adequate, accessible, and quality EMS provider training and continuing education exists in Virginia.
4.2.2 Assure adequate and appropriate education of EMS students.

Committee Minority Opinion (as needed):

For Board's secretary use only:

Motion Seconded By: _____

Vote: By Acclamation: Approved Not Approved

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

Board Minority Opinion:

Meeting Date: _____