

**Virginia Department of Health**  
**Office of Emergency Medical Services**



**Quarterly Report to the**  
**State EMS Advisory Board**

**May 3, 2019**

# **Executive Management, Administration & Finance**

**Office of Emergency Medical Services  
Report to The  
State EMS Advisory Board  
May 3, 2019**

---

**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.

<b><u>I. Executive Management, Administration &amp; Finance</u></b>
---

**A) Action Items before the State EMS Advisory for May 3, 2019**

At the time of finishing this report there are no action items.

**B) VDH Office of Emergency Medical Services (OEMS) Organizational Update**

As the Virginia Office of EMS continues to grow and advance to meet the ever-changing needs of Virginia's EMS System, we are implementing new improvements that address the requirements of EMS education in Virginia on a national level. We are excited to announce that we have created two new divisions that will mirror the vision of the national EMS educational standards.

The Division of Educational Development will be converted into two divisions, which will allow for a more cohesive and streamlined approach to the mission of our office.

The first new division will be known as the Division of Accreditation, Certification and Education (ACE). This new division will focus on the performance of the EMS education system as well as further improvement and concentration on the caliber of education delivered.

The next new division will be known as the Division of Consolidated Testing and Video Broadcasts. This division will be responsible for the video broadcast of continuing education and consolidated testing.

There will also be a restructure of staff roles so that it will be more reflective of the duties and functions of our office. As EMS has changed on the national level, so too has the Virginia Office of EMS. That's why it's imperative to the mission of our office that our employees' job roles

accurately reflect their job duties. Each new division will have a division manager and program staff.

We are optimistic that these new changes will help push our EMS system toward the future by allowing us to be more streamlined and effective in the implementation of our system goals while focusing on a more customer-friendly and service oriented approach. These updates were announced to all OEMS staff on Thursday, March 14 and they were announced to the public on Tuesday, March 19.

### **C) A Stark Reality – Ambulance Crash Statistics**

A 2018 report (Published January 29, 2019) by a leading group of trial lawyers shows that accidents involving emergency vehicles—such as fire trucks, ambulances, and police cars—are a substantial problem in the United States.

Vehicle fatality rates for emergency responders are estimated to be up to 4.8 times higher than the national average. Because emergency vehicles are traveling at higher speeds to reach crisis situations, accidents often result in severe injury or death.

There are an estimated 6,500 accidents involving ambulances each year. 35% of crashes resulted in injury or fatality to at least 1 occupant of a vehicle involved.

When injuries occur, there are, on average, three unique injuries per accident. On average, 29 fatal ambulance accidents produce 33 fatalities each year. Significant efforts are underway to better understand the causes and effects of crashes to help identify ways of keeping both patients and practitioners as safe as possible.

The NHTSA has released its guidance on ambulance safety for patients and providers. Since 1975, NHTSA has collected information on every fatal crash in the country through the Fatality Analysis Reporting System (FARS).

Through NHTSA's General Estimates System (GES) program, a nationally-representative sample of police-reported crashes across the country is collected, and estimate the number of total crashes resulting in injuries, including those involving ambulances.

The program determines whether people killed or injured were drivers or passengers in the ambulances involved in crashes, but work is still ongoing to collect consistent data on whether they were patients, providers or neither, such as patient family members.

The guidance also shows that drowsy or fatigued EMS providers are substantially more likely to be injured on the job, commit a medical error, or perform a safety-compromising behavior while driving.

This year, NHTSA's Office of Behavioral Safety Research will begin bringing together fatigue experts and EMS stakeholders to help improve fatigue-related guidelines, scheduling, and reporting in EMS.

Effective driver training remains a top priority for EMS agencies across the country. NHTSA's Office of Behavioral Safety Research is currently conducting a nationwide review of emergency vehicle operator training practices.

**D) HHS launches innovative payment model with new treatment and transport options to more appropriately and effectively meet beneficiaries' emergency needs**

*(Supporting ambulance triage options aims to allow beneficiaries to receive care at the right time and place)*

The U.S. Department of Health and Human Services (HHS), Center for Medicare and Medicaid Innovation (Innovation Center), which tests innovative payment and service delivery models to lower costs and improve the quality of care, announced a new payment model for emergency ambulance services that aims to allow Medicare Fee-For-Service (FFS) beneficiaries to receive the most appropriate level of care at the right time and place with the potential for lower out-of-pocket costs.

"This model will create a new set of incentives for emergency transport and care, ensuring patients get convenient, appropriate treatment in whatever setting makes sense for them," said HHS Secretary Alex Azar. "Today's announcement shows that we can radically rethink the incentives around care delivery even in one of the trickiest parts of our system. A value-based healthcare system will help deliver each patient the right care, at the right price, in the right setting, from the right provider."

The new model, the Emergency Triage, Treat and Transport (ET3) model, will make it possible for participating ambulance suppliers and providers to partner with qualified health care practitioners to deliver treatment in place (either on-the-scene or through telehealth) and with alternative destination sites (such as primary care doctors' offices or urgent-care clinics) to provide care for Medicare beneficiaries following a medical emergency for which they have accessed 911 services. In doing so, the model seeks to engage health care providers across the care continuum to more appropriately and effectively meet beneficiaries' needs. Additionally, the model will encourage development of medical triage lines for low-acuity 911 calls in regions where participating ambulance suppliers and providers operate. The ET3 model will have a five-year performance period, with an anticipated start date in early 2020.

"The ET3 model is yet another way CMS is transforming America's healthcare system to deliver better value and results for patients through innovation," said CMS Administrator Seema Verma. "This model will help make how we pay for care more patient-centric by supporting care in more appropriate settings while saving emergency medical services providers precious time and resources to respond to more serious cases."

Currently, Medicare primarily pays for unscheduled, emergency ground ambulance services when beneficiaries are transported to a hospital emergency department (ED), creating an incentive to transport all beneficiaries to the hospital even when an alternative treatment option may be more appropriate. To counter this incentive, the ET3 model will test two new ambulance

payments, while continuing to pay for emergency transport for a Medicare beneficiary to a hospital ED or other destination covered under current regulations:

- payment for treatment in place with a qualified health care practitioner, either on-the-scene or connected using telehealth; and
- payment for unscheduled, emergency transport of Medicare beneficiaries to alternative destinations (such as 24-hour care clinics) other than destinations covered under current regulations (such as hospital EDs).

The ET3 model encourages high-quality provision of care by enabling participating ambulance suppliers and providers to earn up to a 5% payment adjustment in later years of the model based on their achievement of key quality measures. The quality measurement strategy will aim to avoid adding more burden to participants, including minimizing any new reporting requirements. Qualified health care practitioners or alternative destination sites that partner with participating ambulance suppliers and providers would receive payment as usual under Medicare for any services rendered.

The model will use a phased approach through multiple application rounds to maximize participation in regions across the country. In an effort to ensure access to model interventions across all individuals in a region, CMS will encourage ET3 model participants to partner with other payers, including state Medicaid agencies.

CMS anticipates releasing a Request for Applications in Summer 2019 to solicit Medicare-enrolled ambulance suppliers and providers. In Fall 2019, to implement the triage lines for low-acuity 911 calls, CMS anticipates issuing a Notice of Funding Opportunity for a limited number of two-year cooperative agreements, available to local governments, their designees, or other entities that operate or have authority over one or more 911 dispatches in geographic locations where ambulance suppliers and providers have been selected to participate. For more information, please visit: <https://innovation.cms.gov/initiatives/et3/>.

### **E) OEMS Launches “Make the Call” First Responder Health and Wellness Campaign**

The Office of EMS (OEMS) has officially launched its "Make the Call" campaign, a mental health and wellness initiative that focuses on reminding first responders to reach out for help in order to increase awareness of mental health resources and ultimately prevent suicide that is associated with the stress and trauma of the job. As part of this campaign the OEMS will provide access to numerous resources to help providers and agencies recognize the signs and symptoms associated with post-traumatic stress disorder and to understand the training and resources that are available not just for the first responder, but for their family as well.

**Karen Owens**, Emergency Operations Manager, came up with the vision for this campaign two years ago when she attended the FDIC conference and watched a video during the opening ceremonies that recognized the mental health impacts that first responders face every day. She

walked from that wanting to put a similar video together for Virginia's EMS System, in order to break the stigma associated with getting help for mental health. She also wanted to put together a video that incorporated every member of the public safety family, which is why all disciplines of public safety are represented in this video and print campaign.

Over the next few months, OEMS will be pushing this information out through social media platforms and a print campaign in order to remind fire, EMS, law enforcement and 911 dispatchers that it's okay to ask for help and take the time to take care of themselves mentally and emotionally.

The OEMS partnered with JPIXX video, Hanover County Fire and EMS, Richmond Ambulance Authority and Norfolk Police Department to help create the "Make the Call" video, fliers and campaign still imagery. Thanks also to **Tristen Graves**, public relations assistant; **Jackie Hunter**, procurement officer 1 and **Marian Hunter**, public relations coordinator for assisting with the procurement and marketing coordination of this campaign.

Learn more about the "Make the Call" campaign at [www.vdh.virginia.gov/makethecall](http://www.vdh.virginia.gov/makethecall). View the campaign video at: <https://www.youtube.com/watch?v=G0gmNUosWkA&feature=youtu.be>.

*(More information under Section IV, Emergency Operations, page 38.)*

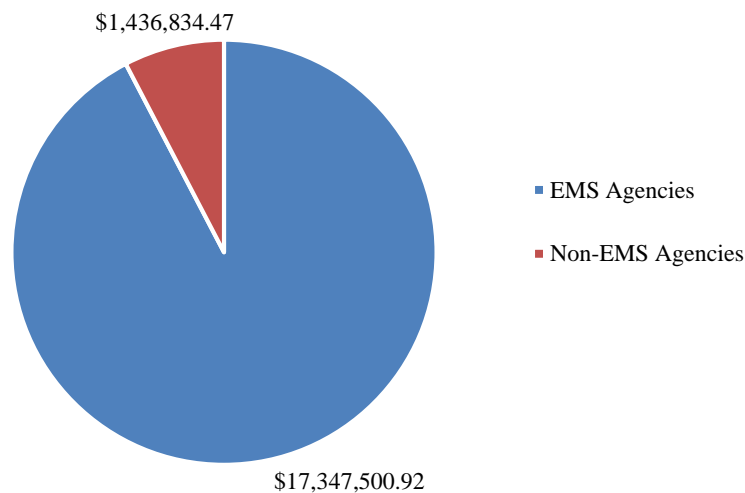
## **F) Financial Assistance for Emergency Medical Services (FAEMS) Grant Program, known as the Rescue Squad Assistance Fund (RSAF)**

The deadline for the Spring Rescue Squad Assistance Fund (RSAF) Grant Cycle was March 15, 2019. OEMS received 148 grant applications requesting \$18,784,335.39 in funding.

Funding requests were in the following amounts by agency category:

- 21 Non EMS Agency requesting \$1,436,834.47
- 127 EMS Agencies Requesting \$17,347,500.92

Figure 1: Agency Category by Amount Requested

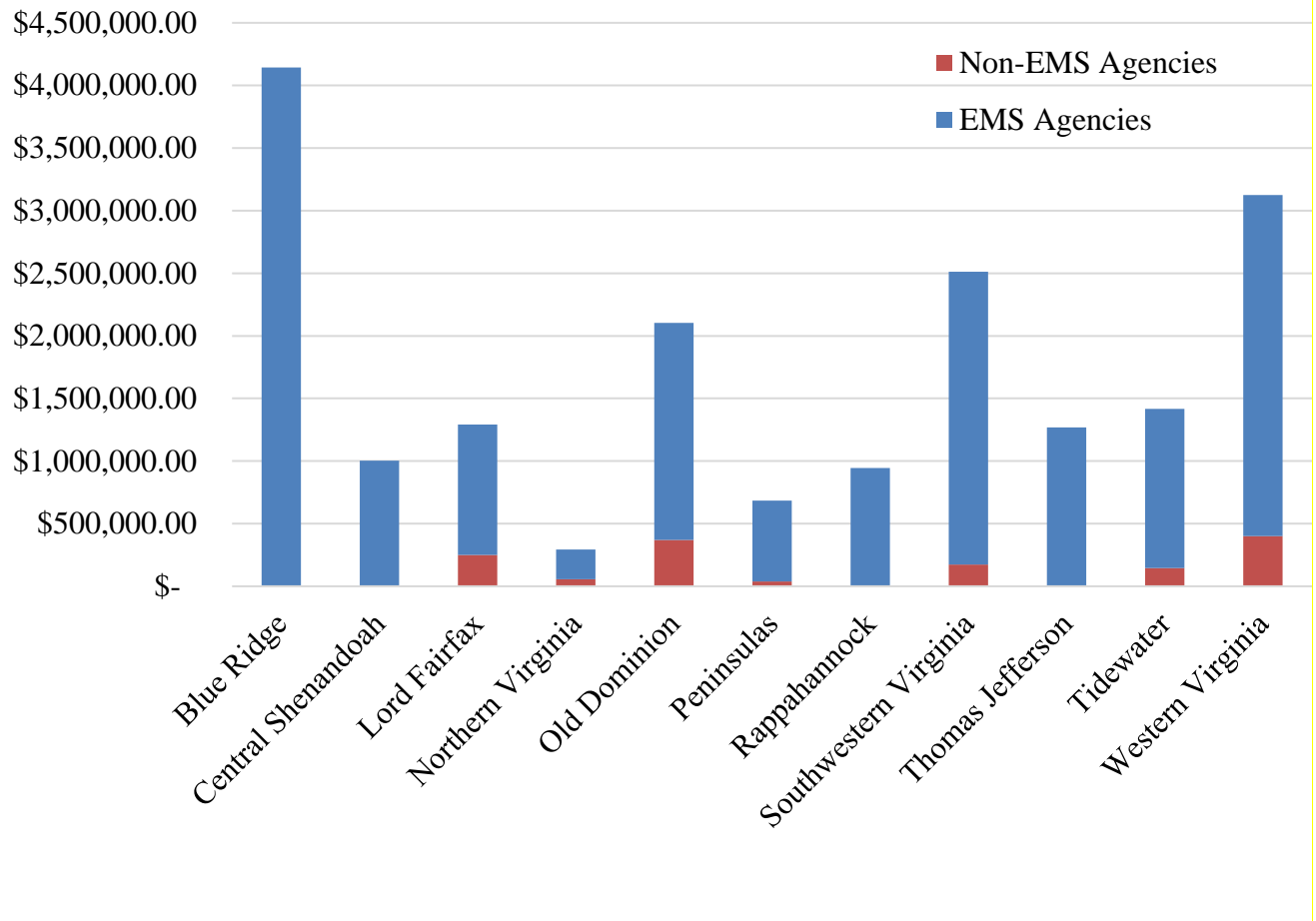


Funding requests were in the following amounts by region:

- Blue Ridge – \$4,142,484.92
- Central Shenandoah - \$1,003,029.20
- Lord Fairfax - \$1,290,831.51
- Northern Virginia - \$294,548.73
- Old Dominion - \$2,104,106.29
- Peninsulas - \$684,091.21
- Rappahannock - \$943,535.88
- Southwestern Virginia - \$2,511,253.68
- Thomas Jefferson - \$1,268,149.19
- Tidewater - \$1,417,523.10
- Western Virginia - \$3,124,781.68



Figure 2: Amount Requested by Region



Funding requests were to purchase the following items:

- ALS Equipment - \$2,208,558.87
- BLS Equipment - \$4,438,389.00
- Communications Equipment / Pagers - \$114,985.90
- Computer Hardware - \$412,029.17
- Defibrillator / Automatic External Defibrillator - \$938,369.57
- Recruitment & Retention - \$5,765.00
- Rescue Equipment / Extrication - \$206,030.94
- Rescue Equipment / Misc. - \$212,745.88
- Special Priority / Emergency Medial Dispatch - \$104,647.89
- Special Priority / Emergency Operations - \$47,279.80
- Special Priority / Multi-Jurisdictional or Agency Projects - \$246,790.00

- Special Priority / Recruitment & Retention - \$5,591.94
- Other\* - \$767,252.22
- Special Training Projects - \$43,065.00
- ALS//BLS training Equipment - \$134,033.57
- Vehicle / Quick Response - \$175,489.00
- Vehicle / Type I Ambulance - \$7,826,868.64
- Vehicle / Type II Ambulance - \$236,717.00
- Vehicle / Type III Ambulance - \$659,726.00

\*The Other category includes cot retention system/stretchers upgrades, chest compression devices, defibrillator enhancement, protective gear, vehicle motor, medical supplies storage, portable rescue gear dryer, and communications tower improvement.

The deadline for the the Nasal Naloxone for EMS Agencies grant opportunity was March 29, 2019. OEMS awarded 34 EMS Agencies 476 doses of Nasal Naloxone between the application start date (November 26, 2018) and deadline. Each agency received two doses of Nasal Naloxone per Emergency Transport Vehicle. The Regional breakdown of the awarded agencies is as follows:

- Blue Ridge – 1 Agency / 4 Doses
- Central Shenandoah – 2 Agencies / 14 Doses
- Lord Fairfax – 1 Agency / 12 Doses
- Northern Virginia – 2 Agencies / 170 Doses
- Old Dominion – 9 Agencies / 92 Doses
- Peninsulas – 5 Agencies / 42 Doses
- Rappahannock – 2 Agencies / 38 Doses
- Southwestern Virginia – 7 Agencies / 44 Doses
- Thomas Jefferson – 2 Agencies / 20 Doses
- Western Virginia – 4 Agencies / 40 Doses

# **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.*

### **Update on NASEMSO Projects and National EMS Activities**

- **Fatigue EBG Implementation Guidebook Now Available**

Fatigue risk management is a process that requires administrators and clinicians to work together for the benefit of patients, the public, and EMS. The National Association of State EMS Officials (NASEMSO) partnered with the University of Pittsburgh School of Medicine to develop “Evidence-Based Guidelines (EBG) for Fatigue Risk Management in Emergency Medical Services,” published in the journal *Prehospital Emergency Care* in January 2018. The aim of the guidelines is to mitigate the effects of fatigue with recommendations based on a comprehensive evaluation of the best available evidence related to numerous fatigue mitigation strategies. These recommendations have been hailed as a “significant step forward and a model for other high-risk industries.” Not all EMS organizations will be able to adopt all recommendations. Now, as an adjunct to the guidelines, NASEMSO and the University of Pittsburgh have joined forces to produce an Implementation Guidebook to complement the scientific papers, which includes a condensed summary of each recommendation and sample policy statement templates that may be tailored/edited to the needs of local agencies. The Implementation Guidebook may be downloaded at [www.emsfatigue.org](http://www.emsfatigue.org). Work performed on the implementation guidebook was supported with funding from the U.S. Department of Transportation, National Highway Traffic Safety Administration (NHTSA) to NASEMSO. The information, views, and/or opinions contained in the guidebook/document are those of the authors and not necessarily those of NHTSA.

- **New NASEMSO Framework Supports EMS Scope of Practice Decisions**

The National Association of State EMS Officials (NASEMSO) has collaborated with the National Council of State Boards of Nursing (NCSBN) to provide a derivative work of their decision-making framework to compliment statebased rules and regulations related to EMS scope of practice. Recognizing that EMS practice is continually evolving, this NASEMSO

document serves to provide a standardized, decision-making framework for the EMS community with respect to personnel education, role, function, and accountability within the scope of practice. As emerging technology and evidence evolve to transform practice, individuals and agencies need to communicate any ongoing issues/concerns to the state so that regulators and medical directors can evaluate whether changes to rules/regulations, EMS guidelines, or standards need to be considered. NASEMSO's "Scope of Practice Model Decision-Making Framework for Emergency Medical Services" is now available on NASEMSO's website. In related news, NHTSA's Office of EMS recently hosted an EMS Focus webinar on the revision of the Scope Model. The webinar was recorded and is archived on [ems.gov](https://www.ems.gov) and the NHTSA OEMS YouTube channel.

- **NASEMSO Joins National EMS Organizations to Endorse SMR Position Statement**

The American College of Surgeons Committee on Trauma (ACS-COT), American College of Emergency Physicians (ACEP), and the National Association of EMS Physicians (NAEMSP) have previously offered varied guidance on the role of backboards and spinal immobilization in out-of-hospital situations. An updated consensus statement on spinal motion restriction in the trauma patient represents the collective positions of the ACS-COT, ACEP and NAEMSP and is now formally endorsed by several national stakeholder organizations, including NASEMSO. This updated uniform guidance is intended for use by emergency medical services (EMS) personnel, EMS medical directors, emergency physicians, trauma surgeons, and nurses as they strive to improve the care of trauma victims within their respective domains.

- **NASEMSO Congratulates O'Neal and Taillac on NEMSAC Appointments**

NASEMSO members, Deputy Executive Director for the Kentucky Board of EMS Chuck O'Neal and Utah State EMS Medical Director Dr. Peter Taillac have been appointed to the National EMS Advisory Council (NEMSAC) by the US Secretary of Transportation. The National EMS Advisory Council (NEMSAC) was established in April 2007 as a nationally recognized council of EMS representatives and consumers to provide advice and recommendations regarding EMS to NHTSA in the Department of Transportation and to the members of the Federal Interagency Committee on EMS.

- **NASEMSO to Revise National EMS Assessment; Benchmark State Systems of Care**

NASEMSO Executive Director Dia Gainor recently updated the Federal Interagency Committee on Emergency Medical Services (FICEMS) on the progress of the National EMS Assessment 2020, an effort led through a cooperative agreement between NHTSA and NASEMSO, to use state and national data to get a better picture of the current state of EMS systems. This is the first time such an effort has been undertaken since the National EMS Assessment was published in 2011. Gainor said that this effort will involve fewer questions but should include more robust information as a larger number of states are collecting better electronic data on several issues related to EMS systems. The assessment is expected to be published by NASEMSO in the fall of 2019.

In related news, NASEMSO's State Systems of Care Committee chaired by Colorado State EMS Director JeanneMarie Bakehouse will also benchmark state-level activities and processes related to stroke, STEMI, and trauma care under the cooperative agreement. The committee hopes to improve consistency and coordination among the states.

- **NASEMSO Partners with CPSC to Improve Community Safety**

NASEMSO is pleased to announce a new partnership with the Consumer Products Safety Commission (CPSC). CPSC is an independent federal agency charged with protecting the public from unreasonable risks of injury or death associated with the use of the thousands of types of consumer products under the agency's jurisdiction. Our goals are to: Serve as a resource for consumer product safety information for NASEMSO members and consumers. Send Safety Alerts for review by NASEMSO members that they can share with EMS agencies and the public. Provide links for consumer product safety recalls. Provide a local CPSC contact for regional workshops, trainings and meetings that members may conduct within their jurisdictions. Share safety publications that can be disseminated to consumers and EMS professionals. Share Safety PSA's that can be used to promote safety. For more information about the CPSC, visit [www.cpsc.gov](http://www.cpsc.gov).

- **State Highway Safety Laws Highlighted in Annual Roadmap**

More than one-fifth of all states are falling behind on road safety laws, according to a new report just released by the group Advocates for Highway and Auto Safety. The 16th annual Roadmap Report evaluates each state on its implementation of road safety laws the group recommends and found that 11 states, including Arizona, Florida and Virginia, fall "dangerously behind." South Dakota scored the lowest in the group's rankings by implementing only two of the recommended laws, while Rhode Island received the highest grade by implementing 13 of 16 laws. The report ranks states based on the strength of their laws in five categories: occupant protection, child passenger safety, teen driving laws, impaired driving and distracted driving. Only Washington, Oregon, California, Louisiana, Mississippi and the District of Columbia were given a green rating for showing significant advancement toward adopting the recommended laws.

- **FirstNet Expands Base to Nearly Half Million Subscribers**

FirstNet, a nationwide broadband network dedicated to public safety, has increased its subscriber base by 70% since late October 2018. Moreover, the number of public safety agencies using FirstNet has jumped almost 46% during the same period. FirstNet now has 425,000 subscribers from more than 5,250 public safety agencies. In late October, the company said it had more than 250,000 subscribers from more than 3,600 agencies across the country. FirstNet and AT&T, which was awarded a \$6.5 billion contract from the federal government to build out the network, say they've expanded the LTE coverage area for the public safety communications platform by more than 50,000 square miles nationwide, covering an additional 1 million people. Band 14 is high-quality spectrum provided by the FirstNet Authority. Its signal covers larger geographic areas with less infrastructure to better support rural communities, and it can better penetrate buildings and walls in more urban areas as compared to higher-MHz spectrum. When not in use by FirstNet subscribers, AT&T customers can enjoy Band 14's added coverage and capacity.

In related news, AT&T recently announced plans for an “Emergency Drop Kit.” These portable kits will envelop first responders in a 300-foot “connected bubble” (12 hours on one charge), letting them maintain constant communication to better coordinate their response. The Emergency Drop Kits are being designed for use during emergencies in rural and remote areas, as well as areas where communications may be temporarily unavailable.

- **GAO Report Addresses Disaster Contracting**

Following Hurricane Katrina, Congress required FEMA to establish contracts for goods and services in advance to enable quick and effective mobilization of resources in the aftermath of a disaster. FEMA and the Army Corps of Engineers used "advance contracts" for \$4.5 billion in goods and services after Hurricanes Harvey, Irma, and Maria, and the California fires of 2017. The US Government Accountability Office (GAO) recently found FEMA's guidance on the use of these types of contracts was unclear, and that inconsistent information from FEMA could impair its efforts to help state and local governments use advance contracts. Read GAO's report to Congressional Requesters *“2017 Disaster Contracting Action Needed to Better Ensure More Effective Use and Management of Advance Contracts.”*

- **EMS Mobile Integrated Health During Disaster Response**

In many communities across the country, Emergency Medical Services (EMS) provide preventative health care to help reduce unnecessary and costly trips to the emergency room and ensuing hospital admissions. EMS operating in a Mobile Integrated Health (MIH) role help patients with chronic conditions in their homes, divert ambulance calls to outpatient providers, and in some communities, use telemedicine to connect their patients with physicians from their homes. A recent study was the first to examine the work of MIH providers — Richland County (South Carolina) EMS — during an October 2015 response to severe flooding. But what if a disaster should strike? How might MIH providers best assist in the response effort?

Read more at: [https://www.usfa.fema.gov/current\\_events/111518.html](https://www.usfa.fema.gov/current_events/111518.html)

- **Feds Post Medical Management Guidelines on FGA's**

New federal guidelines have been developed as part of ongoing preparedness for all hazards and are intended to support fire, EMS, and hospital staff in the medical management of patients if an incident occurs involving a fourth-generation agent (FGA, also known as A-series or Novichok nerve agents) such as the one used in the United Kingdom in 2018. No illicit use or manufacture of an FGA or other nerve agent is known to have occurred in the United States (U.S.), and there is no known threat of any nerve agent use in the U.S. This document is divided into two sections: pages 5-7 include recommendations for fire and EMS responders and pages 8-11 include recommendations for hospital staff, with some repetition between the two. As part of ongoing standard preparedness, jurisdictions should update their existing plans with this information and integrate it into in-service training curricula. Download the guidelines at:

[https://chemm.nlm.nih.gov/nerveagents/FGA\\_Medical\\_Management\\_Guidelines\\_508.pdf](https://chemm.nlm.nih.gov/nerveagents/FGA_Medical_Management_Guidelines_508.pdf).

- **FSU Offers Free Online Training for EMS on Human Trafficking** EMS personnel

Emergency Medical Responders, Emergency Medical Technicians (EMTs), Advanced Emergency Medical Technicians, Paramedics, and transporters who work with these medical professionals – can play an important role in reporting and stopping human trafficking. By understanding the dynamics of human trafficking, EMS personnel can help victims. The key to being able to report suspected trafficking is to understand what human trafficking is, what it might look like, and how to report it. Florida State University maintains The National Prevention Toolkit on Domestic Violence and Human Traffic for Medical Professionals. Go to: <https://dvmedtraining.csw.fsu.edu/training/ems/>.

- **AAP Updates Recommendations on Car Seats for Children**

A tidbit for our injury prevention specialists that may have missed the announcement-- In the updated policy statement, “Child Passenger Safety,” and an accompanying technical report, published in the November 2018 issue of Pediatrics, the AAP recommends children remain in a rear-facing car safety seat as long as possible, until they reach the highest weight or height allowed by their seat. Previously, the AAP specified children should remain rear-facing at least to age 2; the new recommendation removes the specific age milestone.

Read the Policy Statement at: <https://pediatrics.aappublications.org/content/142/5/e20182460>

Read the Technical Report at: <https://pediatrics.aappublications.org/content/142/5/e20182461>

- **NPSTC Offers White Paper on Prehospital Notification**

For over 40 years, the medical community has recognized the “golden hour” as the standard of care for seriously injured trauma patients. Later, the importance of the “golden hour” in combination with stroke alert protocols was demonstrated to maximize the survivor’s chance of a disability-free life. Recent research has shown that the “golden hour” concept also applies to a number of other medical conditions such as ST-Elevation Myocardial Infarction (ST-EMI) and Sepsis. Read the white paper from the National Public Safety Telecommunications Council (NPSTC), *Pre-Hospital Notification in Time-Sensitive Medical Emergencies: What EMS Agencies and Emergency Departments Should Know* at: <http://www.npstc.org/ems.jsp>.

Head Injuries Common in E-Scooter Accidents Head injuries topped the list of emergency department injuries involving electric scooters, yet very few e-scooter riders wore helmets, a recent observational study from the University of California Los Angeles (UCLA) found. About 40% of patients treated for two-wheeled e-scooter injuries at two southern California emergency departments had head injuries, but only 4.4% wore a protective helmet. In a convenience sample of traffic observed in Los Angeles, 182 of 193 e-scooter riders were helmet-less, the team wrote in JAMA Network Open. The researchers note that the same EDs saw more standing electric scooter injuries than bicyclist or pedestrian injuries during the same period.

Read more at: <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2722574>.



- **Opioid OD Surpasses MVC in New NSC Report on Odds of Dying**

For the first time in U.S. history, Americans are more likely to die from an opioid overdose than a motor vehicle crash. A new report from the National Safety Council (NSC) found that Americans have a 1 in 96 chance of dying from an opioid overdose, while the probability of dying in a motor vehicle crash is 1 in 103. The rising rates of overdoses is part of an overall trend of Americans dying from preventable, unintentional injuries that has increased over the past 15 years.

Read more at: <https://injuryfacts.nsc.org/all-injuries/preventable-death-overview/odds-of-dying/>.

- **ACEP/AFSP Toolkit on Managing Suicidal Patients**

In the United States, suicide is the tenth leading cause of death. EMS and emergency departments (EDs) frequently encounter suicidal patients, or those at risk of suicide, and play an important role in the diagnosis, treatment and prevention for this population. To help address this rising cause of death, the American Foundation for Suicide Prevention (AFSP) and the American College of Emergency Physicians (ACEP) have partnered to create iCar2e, A Tool for Managing Suicidal Patients in the ED. Many of the resources on the project website can be adapted for EMS use. Read more. Editor's note: Suicide rates among EMS personnel are on a steep rise and taking care of our own is the focus of several EMS advocacy projects. Last year, the Substance Abuse and Mental Health Services Administration (SAMHSA) published a special research supplement, First Responders: Behavioral Health Concerns, Emergency Response, and Trauma that focuses on the needs of EMS personnel and other first responder populations. In a recent study on first responder mental health, researchers at the University of Phoenix concluded:

- Nearly all first responders (93 percent) agree that mental health is as important as physical health, and more than eight in 10 (83 percent) believe that people who receive counseling generally get better.
- 47 percent feel that there would be repercussions on the job for seeking professional counseling.
- Among those who feel this way, the repercussions of seeking counseling cited most often included receiving different treatment from coworkers (53 percent) or supervisors (52 percent) and being perceived as weak by colleagues/peers (46 percent).

If you or a colleague are struggling with stress or depression, don't despair. Help is available at Safe Call Now at: <https://www.safecallnow.org/> or the National Suicide Prevention Lifeline 1-800-273-TALK (8255). Learn more at the Code Green Campaign and Reviving Responders.

- **CPR LifeLinks Implementation Toolkit Draft Now Available**

CPR LifeLinks is a national initiative that encourages local collaboration between 911 and EMS to improve out-of-hospital cardiac arrest survival rates by improving care in the first links in the "chain of survival," early 911 access/intervention and early (and effective) CPR. Find resources

and a practical roadmap for how: Any 911 agency can put telecommunicator CPR protocols and training into place. Agencies providing EMS can implement high performance CPR. Learn strategies and explore case studies for how 911 and EMS can collaborate, working together to strengthen the chain of survival.

Read more at: [https://www.911.gov/project\\_telecommunicatorassistedCPR.html](https://www.911.gov/project_telecommunicatorassistedCPR.html).

- **National EMS Memorial Bike Ride Announces 2019 Dates and Events**

The National EMS Memorial Bike Ride, Inc. honors Emergency Medical Services personnel by organizing and implementing long distance cycling events that memorialize and celebrate the lives of those who serve every day, those who have become sick or injured while performing their duties, and those who have died in the line of duty. The 2019 schedule of events is now available at: <https://www.muddyangels.com/>.

East Coast Route

May 11-17, 2019

Boston, MA to National Harbor, MD

Registration and day-to-day details at: <https://www.muddyangels.com/rides/east-coast/>.

Colorado Route

July 22-26, 2019

Snowmass, CO to Littleton, CO

Registration and day-to-day details at: <https://www.muddyangels.com/rides/colorado/>.

Southern Route

May 13-17, 2019

Raleigh, NC to National Harbor, MD

Registration and day-to-day details at: <https://www.muddyangels.com/rides/southern/>.

Midwest Route

June 24-29, 2019

St. Paul/Minneapolis, MN to Chicago, IL

Registration and day-to-day details at: <https://www.muddyangels.com/rides/midwest/>.

# **Division of Accreditation, Certification and Education**

### **III. Accreditation, Certification and Education**

#### **Committees**

- A. The Training and Certification Committee (TCC): The Training and Certification Committee met on April 3, 2019. There are no action items for the Board.

Copies of past minutes are available on the Office of EMS Web page here:

<http://www.vdh.virginia.gov/emergency-medical-services/education-certification/training-certification-committee-standing/>.

- B. The Medical Direction Committee (MDC): The Medical Direction Committee met on April 4, 2019.

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/>

#### **Accreditation**

- A. EMS accreditation program.

1. Emergency Medical Technician (EMT)

a) Arlington County Fire Department was issued a Letter of Review has completed their first cohort class. They graduated 16 candidates with a first attempt pass rate of 88% and 100% pass rate within three attempts. Their accreditation site visit will be conducted in the next two months.

b) Fauquier County has submitted their self study for EMT level accreditation. Their application has been reviewed and they have been issued a Letter of Review to allow their first cohort class to take place. The accreditation self -study packet will be assigned a site team who will visit the program upon completion of their first cohort class.

2. EMT Psychomotor Competency Verification Approval

The following programs have been approved for internal psychomotor competency verification in adherence to the TR-90A policy:

- a) Central Virginia Community College – Effective August 17, 2017
- b) Prince William County Fire & Rescue - Effective August 12, 2017
- c) Henrico County Fire Division of Fire - Effective August 18, 2017
- d) Frederick County Fire and Rescue - Effective August 11, 2017
- e) Tidewater Community College - Effective August 18, 2017
- f) Southwest Virginia Community College - Effective September 8, 2017

- g) Associates in Emergency Care - Effective October 16, 2017
- h) Chesterfield Fire - Effective December 11, 2017
- i) ECPI - Effective January 17, 2018
- j) Thomas Nelson Community College - Effective February 1, 2018
- k) Virginia Beach Training Center - Effective February 1, 2018
- l) Southwest Virginia EMS Council - Effective February 1, 2018

### 3. Advanced Emergency Medical Technician (AEMT)

- a) Newport News Fire Training has completed their first cohort class and a site team is being assigned to visit the program and review documentation, meet with graduates of the program and consider the application for full accreditation. They had 17 candidates attempt with a first attempt pass rate of 94% (16/17) and 100% within three attempts.
- b) Blue Ridge Community College has completed their first cohort class and a site team is being assigned to visit the program and review documentation, meet with graduates of the program and consider the application for full accreditation. They had 6 candidates attempt with a first attempt pass rate of 83% (5/6).
- c) Fauquier County has completed their first cohort class and a site team is being assigned to visit the program and review documentation, meet with graduates of the program and consider the application for full accreditation. They had 6 candidates attempt with a first attempt pass rate of 83% (5/6).
- d) Rockbridge County has submitted their paperwork to be considered for accreditation. It is under review by the office before being assigned a Letter of Review to conduct their first cohort class.
- e) Augusta County has submitted their paperwork to be considered for accreditation. It is under review by the office before being assigned a Letter of Review to conduct their first cohort class.
- f) Hampton Roads Regional EMS Academy has submitted their paperwork to be considered for accreditation. It is under review by the office before being assigned a Letter of Review to conduct their first cohort class.

### 4. Intermediate – Reaccreditation

- a) All Intermediate programs were granted an extension until December 31, 2019 based on the sunset date announced by National Registry. If they choose to maintain accreditation at the Advanced EMT level, they will submit a reaccreditation packet for that level.
- b)

5. Paramedic – Initial

- a) John Tyler Community College has received their award of accreditation from CoAEMSP.
- b) ECPI has completed their initial cohort class and their CoAEMSP accreditation site visit is scheduled for June 26<sup>th</sup> and 27<sup>th</sup>.
- c) Blue Ridge Community College has submitted their LSSR and are awaiting notification that their LOR has been issued that will allow them to conduct their first cohort class.

6. Paramedic – Reaccreditation

- a) Stafford County and Associates in Emergency Care Consortium had their 5 year CoAEMSP reaccreditation visit in August, 2018. Awaiting final report from CoAEMSP.
- b) Lord Fairfax Community College had their 5 year CoAEMSP reaccreditation visit in September, 2018. Awaiting final report from CoAEMSP.
- c) Patrick Henry Community College had their 5 year CoAEMSP reaccreditation visit in November, 2018. Awaiting final report from CoAEMSP.

- 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](http://www.coaemsp.org)).

<b>Certification</b>
----------------------

- A. Intermediate-99 testing and initial certification is entering the final months with a deadline of December 31, 2019. On January 1, 2020, National Registry will no longer offer the I-99 examination for testing or retesting. The majority of all accredited programs have completed their final classes and have transitioned to offering AEMT courses. The remaining programs will be concluding in May and June with testing deadlines clearly defined to candidates from these programs. These programs were encouraged to enroll these students in AEMT courses as well to allow an option for these students should they not pass the National Registry examination by December 31, 2019.

- B. All National Registry I-99 certified providers with an expiration date of March 31, 2019 have been transitioned to AEMT. This did NOT affect their Virginia certification level, which will remain Intermediate 99.
- C. The Office of EMS has authorized early access which allows Virginia Program Directors, in coordination with the program Medical Director to allow ALS testing candidate's 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.
- D. All providers recertifying with National Registry starting with the 2019 recertification cycle are required to complete the CE hour requirements based on the 2016 NCCP. To align with the 2016 National Continued Competency program it is critical that providers recertify with Virginia when recertifying with National Registry to keep their CE report aligned with the hours requirements.
- E. Virginia certified providers can complete all continuing education requirement through online distributive education. This will satisfy not only their Virginia recertification requirements but will also be accepted by National Registry due to Virginia having oversight of all online education approved. The link to identify approved online distributive education is: <http://www.vdh.virginia.gov/emergency-medical-services/education-certification/provider-resources/web-based-continuing-education/>.

## National Registry

### National Registry Announces Policy Change

The National Registry of Emergency Medical Technicians announced a policy change recently ratified by its Board of Directors.

Passing scores on cognitive and psychomotor examinations can be applied to applications for initial certification for up to 24 months (two years) from the date of successful examination, so long as all other requirements for eligibility are met and it falls within 24 months of course completion.

“The 24-month time period for which examinations are valid provides consistency as it relates to other National Registry policies,” said Bill Seifarth, Executive Director of the National Registry of EMTs. “Bringing everything in line to a 24-month standard reduces confusion and means less guesswork as to which timeframe applies to what policy, standard or certification.”

This policy is a change from the previous policy where results for initial certification were valid for up to 12 months.

This policy will become effective for candidates with a course completion date of November 2018 or later. The prior 12-month time period for valid examination results applies to courses that end before November 2018, extending the time period after November 2019.

The policy can be found here: <https://zurl.co/fS8P>

### **Recertification fees remain the same in 2018; \$5 increase in 2019**

Effective October 1, 2019, recertification fees for all levels will increase for only the second time in National Registry history and the first time since 2002.

“We are committed to the true meaning of non-profit, and, as such, the cost for National Registry recertification has remained affordable,” said Bill Seifarth, National Registry executive director. “Cost should not be a barrier for recertification, but the modest increase will allow us to offer a better experience for EMS professionals.”

Beginning October 1, 2019, recertification for Emergency Medical Technicians (EMT) and Advanced Emergency Technicians (AEMT) will be \$20, and Paramedics will be \$25. On April 1, 2020, recertification for Emergency Medical Responders (EMR) will be \$15.

The \$5 increase will give the National Registry the opportunity to build a better user experience for you by improving IT infrastructure, improving web applications, improving the exam and exam administration and projects such as REPLICA.

Please note that fees will not increase for the 2018 recertification period. These changes take effect in 2019.

#### **NREMT Recertification Fees effective October 1, 2019\***

NREMT Level	Current Fee	Fees Effective 10/01/2019
EMR	\$10	*\$15 (04/01/2020)
EMT	\$15	\$20
AEMT	\$15	\$20
Paramedic	\$20	\$25

## **Education Program**

### **A. Education Coordinators (EC)**

1. The New Education Coordinator process continues to be successful. As of April 16, 2019, there are 39 EC Applicants and 182 EC Candidates.
2. An EC Institute was held in March at the Augusta County Fire-Rescue Training Center. The institute had 10 attendees. The Office extends a special thank you to Matt Lawler for arranging the location for the update and institute in Augusta



County. Subsequent EC Institutes will be scheduled based on the number of institute eligible candidates.

3. EMS Providers interested in becoming an Education Coordinator can access reference documents on the website at <http://www.vdh.virginia.gov/emergency-medical-services/ems-education-coordinator-requirements/>. Additionally, providers can contact Chad Blosser at [chad.blosser@vdh.virginia.gov](mailto:chad.blosser@vdh.virginia.gov) or call the office at 804-888-9100.
4. The EC recertification process is paperless. EMS Physicians now directly click recommendation for recertification in their portal. When an EC selects their EMS Physician, it will automatically generate an email overnight to the physician alerting them of the action needed in their portal. No more forms and uploading required. Recommendations are valid for 180 days. After that time, a new verification will be required. It is important that ECs are aware of this change.

#### B. EMS Educator Updates:

The office has held two updates since January 2019, one in the CSEMS Region in March, and one in LFEMS Region in April. The schedule of updates in 2019 can be found on the OEMS web at: <http://www.vdh.virginia.gov/emergency-medical-services/ems-educator-update-schedule/>. The Office would like to thank all of those who have graciously offered their facilities to host the updates as we travel across the state. Educators are encouraged to attend updates more frequently than once in a three year period as valuable information is shared during these meetings.

#### C. ALS Coordinator Updates:

1. 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.

### EMS Training Funds

**Table. 1 – Virginia EMS Scholarship Program – FY19 To Date (Q1-Q3)**

Certification Level	No. Awarded	Amount Awarded
EMR	--	--
EMT	194	\$103,043.00
AEMT	64	\$43,107.00
Paramedic	76	\$226,155.00
<b>Grand Total</b>	<b>334</b>	<b>\$372,305.00</b>

Table. 2 – EMS Training Funds CE & Auxiliary Program Funding - FY19 to Date				
Council	Q1	Q2	Q3*	Total \$ Reimbursed
BREMS	--	--	--	--
LFEMS	--	--	--	--
NVEMS	\$39,150.10	--	--	\$39,150.10
ODEMSA	\$64,109.20	--	--	\$64,109.20
PEMS	\$40,135.40	\$9,257.50	--	\$49,392.90
REMS	--	--	--	--
SWEMS	\$18,599.80	\$12,240.00	--	\$30,839.80
TEMS	\$33,110.40	\$8,520.00	--	\$41,630.40
TJEMS	\$5,788.10	\$1,260.00	\$1,120.00	\$8,168.10
WVEMS	\$52,709.40	\$8,470.00	--	\$61,179.40
<b>Grand Total</b>	<b>\$110,207.70</b>	<b>\$33,295.60</b>	<b>\$1,120.00</b>	<b>\$294,469.90</b>

\* The OEMS network was brought down on April 11, 2019 due to ongoing renovation activities which prevented OEMS staff from processing a number of invoices for Q3 deliverables which are not due until April 30, 2019.

#### A. EMS Scholarship Program

- 1) The Office released the new Virginia EMS Scholarship Program to the public on October 17, 2018. The EMSSP is managed by the Virginia Office of Emergency Medical Services and provides scholarship awards to current Virginia EMS Providers and those seeking to become EMS providers in the Commonwealth.
- 2) The EMSSP supports students who are accepted into an eligible Virginia approved initial certification program—EMR, EMT, AEMT and Paramedic.
- 3) In the event that the *Recipient* breaches or terminates the contract, the full amount of money represented in the scholarship(s) received, plus an annual interest charge as provided in Virginia Code §§ 2.2-4805 and 6.2-302, which is presently **six (6) percent**, shall be owed to the Commonwealth of Virginia within thirty (30) days of breach or termination.

#### B. Continuing Education (CE) and Auxiliary Programs MOU

- The Office has been working on a new MOU for FY20 to ensure the delivery of continuing education (CE) across the Commonwealth. Once approved by VDH Office of Purchasing and General Services, this MOU will be shared with the Regional EMS Councils.

### Other Activities

- Debbie Akers has been selected to serve on the committee to rewrite the Education Standards and Instructional Guidelines.
- Debbie Akers has been selected to participate in the practice analysis with National Registry in May.

# **Community Health And Technical Resources**

## **IV. Community Health and Technical Resources (CHaTR)**

### **CHaTR Website**

The CHaTR division has it's own section on the Virginia OEMS website at the link below:

<http://www.vdh.virginia.gov/emergency-medical-services/chatr/>

### **Regional EMS Councils**

The OEMS continues to maintain a Memorandum of Understanding (MOU) with the Regional EMS Councils for the 2019 Fiscal Year. The Regional EMS Councils submitted their Q2 reports throughout the month of April, 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 Regional EMS Councils have applied for redesignation. The deadline for applications was Monday, October 1, 2018. Site visits were held in April and May of 2019 and final reports are being prepared for submission to the Board of Health for their June 2019 meeting.

CHaTR staff have attended Board of Directors meetings for the Central Shenandoah, Tidewater, and Peninsulas EMS Councils in the first quarter.

### **Medevac Program**

The Medevac Committee is scheduled to meet on May 2, 2019. The minutes of the February 7, 2019 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 636 entries into the Helicopter EMS system in the first quarter of the 2019 calendar year. 63% of those entries (403 entries) were for interfacility transports, which is consistent with information from previous quarters. The total number of turndowns is a slight decrease from 689 entries in the first quarter of 2018. This data continues to show a commitment to maintaining the safety of medevac personnel and equipment.

The Committee continues to evaluate 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.

Senate Bill 663 introduced during the 2018 session of the Virginia General Assembly by Senator McPike was amended in the nature of a substitute bill and passed by the House Health, Welfare and Institutions (HWI) committee.

The bill was further amended and approved by the legislature and subsequently signed by the Governor on March 30, 2018 in the following form:

*“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.”*

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

*3. That the Office of Emergency Medical Services shall, as soon as possible and no later than January 1, 2019, develop a mechanism by which to disclose to the patient, prior to services provided by an out of network air transport provider, a good faith estimate of the range of typical charges for out of network air transport services provided in that geographic area.*

House Bill 778 introduced during the 2018 session of the Virginia General Assembly by Delegate Ransone was subsequently amended to conform to the language in SB 663. The bill history for HB 778 can be found at the link below:

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

The Office of EMS has developed a form to satisfy the requirements outlined in SB663. The form can be found via the link below:

<http://www.vdh.virginia.gov/content/uploads/sites/23/2019/03/Air-Medical-Transport-Authorization-Form.pdf>

The CHaTR Division Manager also participates on the NASEMSO Air Medical Committee. OEMS and Medevac stakeholders continue to monitor many developments regarding federal legislation and other documents related to Medevac safety and regulation.

## **State EMS Plan**

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

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

Review and revision of the State EMS Plan began in early 2019. Committee chairs and OEMS Staff have received the current plan and associated guidance documents for the triennial review and revision period. Reports from committees for edits, additions and deletions will be compiled into the draft of the 2019 State EMS Plan.

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/>

## **EMS Workforce Development Committee**

The EMS Workforce Development Committee is scheduled to meet on May 2, 2019. The minutes of the February 7, 2019 meeting 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 chair position on the EMS Workforce Development Committee is currently vacant. CHaTR staff will be working with OEMS Executive Management and the Executive Committee of the EMS Advisory Board to identify a new committee chair.

The committee's primary goals are to complete the EMS Officer and Standards of Excellence (SoE) programs.

## EMS Officer Sub-Committee



The EMS Officer I program currently has three course offerings during the quarter. The first session was offered as a 2-day session at the 2019 Caroline County Regional Fire School on April 27-28, with 27 registrants. The next offering planned is a 4-hour/4 session offering at the Central Shenandoah EMS Council over a three-week period in May – June 2019. An additional offering will be held on June 7-8, 2019 at the VAVRS Rescue College in Blacksburg, VA.

The committee is currently finalizing some adjustments to the overall program and are continuing to develop a Train-the-Trainer program. Each of the three sessions held during the April-June timeframe will also add new instructors to the EMSO1 instructor cache. The committee plans to fully release the EMSO1 Course later this year. The development for the subsequent EMS Officer Courses (II, III, and IV) will begin following the full release of EMS Officer I.

A series of logos have been developed for the EMS Officer Program Series and the deployment of the EMSO I program (EMSO I logo shown above). The EMS Officer page on the VDH/OEMS webpage has been updated to reflect the recent progress with the program. The page can be viewed at the following link: <http://www.vdh.virginia.gov/emergency-medical-services/agency-leadership-resources/ems-officer-i/>

## 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 (AoE) – or areas of critical importance to successful EMS agency management.

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

The Workforce Development Committee has adopted a logo design (shown above) which will be utilized with future documents related to SoE.

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/>

## **The Virginia Recruitment and Retention Network**

The Virginia Recruitment and Retention Network met in conjunction with the Virginia Fire Chief's Conference in February 23, 2019. This meeting brought together participants to share potential solutions for the recruitment and retention of EMS personnel. Attendees from Virginia and Maryland were present along with CHaTR staff.

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.

CHaTR Staff assisted with promoting the Recruitment and Retention Network's upcoming "Keeping the Best" session on May 4, 2019 from 9:00-12:00 at the Spotsylvania County Public Safety Building.

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.

## **Fire and EMS System Assessments**

CHaTR staff assists the Virginia Department of Fire Programs (VD FP) with evaluations of the Fire and EMS systems in localities in Virginia. Evaluation reports can be found via the link below:

<https://www.vafire.com/about-virginia-department-of-fire-programs/virginia-fire-services-board/virginia-fire-services-board-studies/>

ChaTR staff will be working with the VDH Office of Health Equity to perform assessment of EMS systems that have Critical Access Hospitals (CAH) in their service area in 2019.



## Rural EMS and Mobile Integrated Healthcare/Community Paramedicine (MIH/CP)

The MIH/CP workgroup created in 2015 reconvened on September 19, 2018, with Dr. Allen Yee again serving as chair. The workgroup met on March 1, 2019, and April 24, 2019. Previous meeting minutes can be found via the link below:

<http://www.vdh.virginia.gov/emergency-medical-services/community-paramedicine-mobile-integrated-healthcare/>

In addition, a bill (Senate Bill 1226) was introduced into the 2019 Virginia General Assembly session regarding Community Paramedicine.

A summary of the bill as introduced:

*“requires the State Board of Health to adopt regulations governing the practice of community paramedics. The bill requires an applicant for licensure as a community paramedic to submit evidence that the applicant (i) is currently certified as an emergency medical services provider and has been certified for at least three years, (ii) has successfully completed a community paramedic training program that is approved by the Board or accredited by a Board-approved national accreditation organization and that includes clinical experience provided under the supervision of a physician or EMS agency, and (iii) has obtained Community Paramedic Certification from the International Board of Specialty Certification. The bill requires a community paramedic to practice in accordance with protocols and supervisory standards established by an operational medical director and to provide services only as directed by a patient care plan developed by the patient's physician, nurse practitioner, or physician assistant and approved by the community paramedic's supervising operational medical director.*

*The bill exempts a community paramedic providing services in accordance with the provisions of the bill from licensure as a home health organization. The bill requires the State Board of Medical*

*Assistance Services to include in the state plan for medical assistance services a provision for the payment of medical assistance for home health services provided by a certified community paramedic exempt from licensure as a home health organization.”*

The full text of SB 1226 can be found via the link below.

<https://lis.virginia.gov/cgi-bin/legp604.exe?191+ful+SB1226+pdf>

The Senate Committee on Education and Health unanimously voted to pass by indefinitely (PBI) SB 1226 for the 2019 session.

The CHaTR division manager participates on the NASEMSO CP-MIH workgroup, as well as the Joint Committee on Rural Emergency Care. The CHaTR division manager also attended the National Rural EMS and Care conference in Charleston, SC on April 17 and 18, 2019.

# **Division of Consolidated Testing And Video Broadcasts**

## **V. Division of Consolidated Testing and Video Broadcasts**

### **Emergency Medical Services Approved Training (EMSAT)**

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 currently about 80 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/>

The May 15, 2019 EMSAT educational program is on “Care of the Burn Patient.” It is approved for Category 1 ALS, Area 18 and Category 1 BLS, Area 13.

### **RETIREMENT OF TERRY COY**

The Office of EMS congratulates Terry Coy on his retirement taking affect June 1, 2019. Although his departure is sad, we wish Terry only the best as he assumes this next period in his life. The Office is extremely proud of the product Terry created and nurtured since coming to the office in 1991. It was at this time the recertification of EMS certifications changed and opened the door for alternative methods of educational delivery. EMSAT, was created to offer quality EMS training to primarily rural Virginia EMS and fire crews.

Terry started with the standard office, no video or editing equipment; only a global idea of what we wanted and a handful of videos produced in cooperation with the Department of Information Technology (DIT). OEMS had just worked out an agreement with DIT to broadcast content via satellite. EMSAT originally stood for Emergency Medical Services Satellite Training. Large satellite dishes were installed at over one hundred crew halls across Virginia, where attendees gathered on the third Wednesday evening of each month to view EMSAT. Initial programs were 2 hours long. Later this was reduced to one-hour programs. At the time, satellite transmission was all that was available. Each program was copied to VHS cassettes and the OEMS video lending library was created. These tapes were used by educators as teaching aids or by EMS providers for category 3 CE.

Unfortunately, the low orbit of the satellite used to broadcast EMSAT resulted in its demise. It was at this time that Terry negotiated the transition to webcasting. To keep up with technology, Terry transitioned from VHS cassette to DVD and expanded the reach of the lending library by establishing a loaner program of all the EMSAT productions with each Regional EMS Council. Initially, a subscription to EMSAT classes was available on DVD at a very modest cost to EMS and fire agencies across Virginia. Later, the lending library proved to be successful. Terry

played a major role in negotiating the publication of EMSAT online. EMSAT classes are now available online at TargetSolutions/CentreLearn at no cost to Virginia EMS providers.

Terry has produced at least one program on the third Wednesday of each month for the past 28 years. In addition to regular EMSAT programs, Terry also produced for broadcast, EMS auxiliary courses and multiple video resources for educators, long before they existed via publishers. Some examples include working with ACEP for producing BTLs didactic content electronically with candidates registering locally for the lab and psychomotor components. He also produced a series of tapes for EMT programs covering areas such as patient assessment, airway management, splinting, and shock management to name a few. Another educator resource was a DVD of scenarios that educators could use for virtual calls.

A behind the scenes look reveals Terry's dedication that very few of you experienced. Terry was able to acquire knowledgeable, well-known hosts, both nationally and state, to volunteer their time and share with Va. providers their expertise. For each hour program, Terry would acquire approximately 3 to 4 hours of video from which he would spend 2 to 3 weeks meticulously and tediously editing to produce a high quality educational program.

Terry was consistent in his pursuit of programming excellence, reviewing feedback to assure Virginia EMS providers received content requested and needed for recertification. Terry is responsible for over 375 hours of completed broadcast over the last 28 years. Over the last 5 to 6 years, approximately 6 thousand hours of continuing education a year has been earned using EMSAT.

OEMS has greatly enjoyed working with Terry. His dedication, expertise, knowledge, and leadership helped Virginia lead the nation in EMS education. We hope that we speak for the entire EMS community as we express our sincere appreciation for the exceptional contribution Terry has made to the EMS system in Virginia. We wish him a long and enjoyable retirement. We encourage everyone to take a brief moment, either today at the EMS Advisory Board Meeting or later to share with Terry your appreciation. His email address is [Terry.coy@vdh.virginia.gov](mailto:Terry.coy@vdh.virginia.gov).

As for the future of EMSAT, stay tuned. There have been many changes in the EMS educational arena over the past 28 years. The Office will continue being a leader in EMS education as we investigate the multiple opportunities available.

## Consolidated Testing

- A. Consolidated testing conducted from January 13 through April 19, 2019
- 34- Consolidated Test Sites (CTS)
  - 0 - EMT accredited courses
  - 11- ALS psychomotor test sites
- B. Hiring for open EMS examiner positions in the Northern Virginia region are on hold until further notice.
- C. A workgroup is near completion updating the Psychomotor Examination Guide (PEG). OEMS anticipates a late spring or early summer 2019 release.
- D. The EMS Certification Application “blue form” used for reporting psychomotor examination results has been revised to a one sided “green” form. This will eliminate errors resulting from incorrect bubbling. The process of setting up a scanner profile for the new form is due to be complete shortly.
- E. Technical updates to the 2018 scenarios are scheduled for a late spring release. New scenarios for psychomotor testing are in the writing and review process.
- F. Data tracking candidate performance based on test locations and scenarios is being collected and used to identify weaknesses and strengths in student cohorts and strengths across the commonwealth.

# Emergency Operations

## **VI. Emergency Operations**

### **Operations**

- **Make the Call Campaign**

During this quarter, the Office of EMS released the Make the Call Campaign designed at decreasing the stigma associated with seeking help for mental health issues held by many public safety providers. The campaign includes social media posts, the release of support materials, and providing flyers with resource information to all public safety agencies, regardless of the disciplines. The resources and additional information are available [www.vdh.virginia.gov/makethecall](http://www.vdh.virginia.gov/makethecall)

As of April 17, 2019, the following analytics were available on access:

- E-mail through listserv – Sent to 34,242 e-mail addresses; received by 98% with 20% open rate
- Social Media
  - First Facebook post
    - 6,757 people reached
    - 451 engagements
    - 60 shares
  - Second Facebook post
    - 2,997 people reached
    - 116 engagements
    - 19 shares
  - Richmond Ambulance Post
    - 201 reactions (likes and loves)
    - 579 Shares
    - 26,100 video views
- YouTube Analytics
  - English Version – 1,017 views
  - Spanish Version – 22 views
- **Congressional Fire Services Institute (VFSI)**

Karen Owens, Emergency Operations Manager, attended the annual Congressional Fire Services Institute (CFSI) in Washington DC. The event, which provides an opportunity for Fire and EMS leaders to learn and network with state and federal partners, also offers training in current health and safety issues.

## Committees/Meetings

- **Family Assistance Center Operations (FAC)**

Karen Owens, Emergency Operations Manager, represented OEMS on the Family Assistance Center Operations meetings throughout the quarter. The meetings give an opportunity for multiple representatives to review current state plans and provide updates as needed based on past events and current capabilities.

- **Commonwealth of Virginia Critical Infrastructure Work Group**

Sam Burnette, Emergency Services Coordinator, continues to represent the Office of EMS on the Commonwealth of Virginia Critical Infrastructure Work Group chaired by Stacie Neal, who serves as VDEM's Critical Infrastructure Program Manager and as a Deputy Director with the Virginia Fusion Center. The group has started formulating goals and strategies for the group to undertake. Mr. Burnette is working to ensure consideration of EMS agencies as both the owner of critical infrastructure and as response agency to other critical infrastructure facilities.

- **State CHEMPACK Plan**

Karen Owens, Emergency Operations Manager, and Sam Burnette, Emergency Services Coordinator participated in a Commonwealth of Virginia CHEMPACK Plan meeting at the Virginia Emergency Operations Center on February 28, 2019. The meeting included representatives from Virginia Department of Health Office of Emergency Preparedness, Virginia State Police (VSP) and Virginia Department of Emergency Management (VDEM). The meeting was held as part of the review and update of the State CHEMPACK plan.

- **Hospital Emergency Response**

Karen Owens, Emergency Operations Manager, met with members of the Office of Emergency Preparedness and VDH management to discuss state resources and response to mass shootings and to review the activities that OEMS and VDH can take to assist the facilities and agencies in preparation for response to mass shootings or other mass casualty events.

- **Crisis Event Response and Recovery Access (CERRA)**

On March 13, 2019 Sam Burnette, Emergency Services Coordinator, participated in a DHS webinar on the Crisis Event Response and Recovery Access (CERRA) program. CERRA is a nationwide DHS and FEMA supported effort design to ensure that all emergency access uses the same format across multiple local jurisdictions. The goal is standardize one format for re-entry access with a common backend infrastructure, while allowing local jurisdictions the ability to adopt, create, and control access programs that fit their needs. OEMS will continue to follow this initiative as it may impact EMS providers responding to provide assistance during large scale disasters or events.



- **Regional Peer Support/CISM Team Meeting**

On March 14, 2019, Karen Owens, Emergency Operations Manager, attended the Northern Virginia Peer Support/CISM Team Meeting. Mrs. Owens spoke with the group about the CISM Team accreditation process and the Mental Health Campaign.

- **EMS Emergency Management Committee**

The EMS Emergency Management Committee met February 7, 2019 in conjunction with the quarterly state EMS Advisory Board. The committee continued to review the survey results and discuss the potential actions as a result of the survey.

- **Communications Committee**

The Communications Committee met on February 7, 2019 and welcomed a new member Gary Tanner from the Virginia Association of Counties. The committee developed new goals for 2019 to include expanding outreach on emergency medical dispatching. The committee will also be working the Office of EMS to make improvements to the emergency medical dispatching accreditation program. OEMS will also be working with the committee to develop educational material for jurisdictions who will seeking grant funding from OEMS for their emergency medical dispatching and other communication equipment needs.

- **Provider Health and Safety Committee**

The Provider Health and Safety Committee met on February 8, 2019 in conjunction with the quarterly state EMS Advisory Board. The committee looked at ongoing provider health and safety issues, such as exposure and testing issues when the patient is deceased, and the upcoming mental health campaign.

- **Central Virginia Emergency Management Association (CVEMA)**

On March 21, 2019 Sam Burnette, Emergency Services Coordinator, attended the Central Virginia Emergency Management Association meeting held at Amelia County Fire Station 1. CVEMA provides a forum for emergency managers, public safety officials, federal, state, and regional partners to collaborate and enhance emergency preparedness and resilience in Central Virginia.

<b>Training</b>
-----------------

- **Emergency Management Basic Academy – Science of Disasters**

Sam Burnette, Emergency Services Coordinator, completed the FEMA Science of Disasters course in Chesapeake, Virginia on April 29 – May 1, 2019. This class provides an overview of scientific principles and concepts that shapes an increasingly dangerous world. Through completion of this course, Sam has now finished the FEMA Emergency Management Basic Academy Program.

- **2-1-1 Training**

Karen Owens, Emergency Operations Manager, and Sam Burnette, Emergency Services Coordinator, attended training of the Virginia 2-1-1 system. The system, when activated, is designed to support reunification of family members after a large scale event or mass casualty.

- **Central Virginia EMS EXPO**

Sam Burnette, Emergency Services Coordinator, delivered a presentation entitled “What the MUCC?” at the 2019 Central Virginia EMS Expo held at the Henrico Public Safety Training Center on March 2-3, 2019. The program provided a historical perspective of triage in emergency medical services, an overview of triage systems used throughout the world, the Model Uniform Core Criteria (MUCC), and the SALT and START triage systems utilized in Virginia.

- **Community Based Emergency Response Seminar (CBERS)**

Sam Burnette, Emergency Services Coordinator, has been working with the Virginia Department of Health Office of Emergency Preparedness in the development of the 2019 CBERS training program on the State’s CHEMPACK program. Sam has worked to encourage participation and make the course relevant to EMS providers and 9-1-1 dispatchers. The 3-hour training program will be delivered 18 times at various locations throughout the state in the coming months. The program has also been selected to be delivered at the 2019 EMS Symposium in November. Sam joined the pilot delivery of the program at the Henrico County Public Safety Training Center on April 8, 2019.

- **Virginia APCO/NENA Winter Conference**

Sam Burnette, Emergency Services Coordinator, and Rich Troshak, Emergency Operations Specialist, attended the 2019 Virginia APCO/NENA Winter Conference held in Chesterfield County, Virginia on February 6, 2019. Topics covered included liability in the public safety answering point (PSAP), information in the RapidSOS technology which provides enhanced location data for 9-1-1 callers, post-traumatic stress disorder in public safety communications, and an update from VITA on NG911.

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

On Friday March 22, 2019 Sam Burnette, Emergency Services Coordinator, attended VEST training at the Virginia Emergency Operations Center (VEOC). The training was on a new request management system being implemented by the Virginia Department of Emergency Management (VDEM) for utilization during VEOC activations.

- **Stop the Bleed Train the Trainer**

The Emergency Services Coordinator, Sam Burnette, attended a “Stop the Bleed” Train the Trainer program held at the Chesterfield County Public Safety Training Center on Friday March 22, 2019. This program will allow Sam to help train OEMS staff members on the use of tourniquets and other bleeding control measures. May is “Stop the Bleed” month.

<b>Communications</b>
-----------------------

- **Statewide Communications Interoperability Plan Workgroup**

Karen Owens, Emergency Operations Manager, Sam Burnette, Emergency Services Coordinator, and Rich Troshak, Emergency Operations Specialist, participated in a two-day workshop to review and update the Statewide Communications Interoperability Plan (SCIP) held in Charlottesville on April 9-10, 2019. The meeting was sponsored by the Statewide Interoperability Coordinator Thomas Crabbs and facilitated by the Department of Homeland Security (DHS) Emergency Communications Division.

- **Interoperability**

The Emergency Operations Specialist Rich Troshak attended the Traffic Incident Management Systems – Interoperability Committee meeting held at the Virginia State Police on March 14, 2019. This committee works to ensure communications interoperability at traffic incidents throughout the Commonwealth.

Rich also attended Regional Preparedness Advisory Committee for Interoperability (RPAC-I) meeting for Central Virginia held on April 5, 2019 at the Chesterfield Public Safety Training Center. This committee works at the regional level to address interoperability projects and provide perspectives and inputs to the statewide interoperability decision making processes.

- **FirstNet**

Rich Troshak, Emergency Operations Specialist, and Sam Burnette, Emergency Services Coordinator attended a FirstNet Coverage Workshop held at the Virginia State Police Training Academy on March 8, 2019. The meeting, sponsored by FirstNet and AT&T, provided information on coverage and coverage issues with FirstNet service in the state and how they are being addressed.

Rich also attended an invitation-only FirstNet Mission Critical Data and Video Workshop held at the Public Safety and Transportation Operations Center in Fairfax County on April 2, 2019. This meeting allowed participants to give feedback on mission critical data and video needs of public safety and first responders.

## Emergency Medical Dispatch

- **Emergency Medical Dispatching (EMD) Benchmarking**

Rich Troshak, Emergency Operations Specialist, has been benchmarking the status of emergency medical dispatching in the state, as well as comparing EMD in Virginia to other states. He is updating information on which jurisdictions presently have EMD in the emergency communications center and those who do not. Rich will continue to work with various stakeholders and partners to encourage jurisdictions to offer EMD as part of their emergency communications.

## CISM

- **CISM Regional Council Reports**

During this reporting quarter Regional Council CISM teams reported 5 events, including education sessions, training classes, meetings, and debriefings (both group and one-on-one).

# **Public Information and Education**

## **VII. Public Information and Education**

### **Public Relations**

#### **Public Outreach via Marketing Mediums**

##### *Via EMS Events*

Feb. 20-22, staff from OEMS hosted an exhibit booth at the EMS Today event in Maryland to promote the Virginia EMS Symposium and to share education information for those interested in learning more about EMS in Virginia. EMS Today offered networking opportunities with more than 4,600 EMS professionals from around the world.

##### *Via Provider Mental Health and Wellness Campaign*

Continued to work with the Emergency Operations Manager, Procurement Officer and PR assistant on the marketing direction and procurement of resources for the “Make the Call” campaign. This campaign is a mental health and wellness initiative that focuses on reminding first responders to reach out for help in order to increase awareness of mental health resources and ultimately prevent suicide that is associated with the stress and trauma of the job. This campaign will include print media and social media. It is scheduled to launch in April 2019. The PR Coordinator was able to secure the following website as the main campaign webpage: [www.vdh.virginia.gov/makethecall](http://www.vdh.virginia.gov/makethecall).

##### *Via Virginia EMS Blog*

On February 12, the OEMS officially launched the new Virginia EMS Blog. This blog replaces the EMS Bulletin, an online newsletter that went out twice a year. With this new blog, OEMS will be able to share information in a more timely, concise and web-friendly format.

##### *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 January – March are as follows:

- **January** – Office renovations 1001 closed, Submit your presentations for the 40th Annual Virginia EMS Symposium, Education Coordinator’s Update in James City Co., inclement weather office opening delays, winter Education Coordinator Institute at the James City County Fire-EMS Training Center, Virginia EMS Symposium Call for Presentations deadline, holiday office closures, 2019 Virginia Highway Safety Summit and extreme cold weather safety tips.

- **February** – RSAF competitive matching grant program, Education Coordinator Update in Nottoway, Stryker Launches Voluntary Field Action for Specific Units of the LIFEPAK® 15 Monitor/Defibrillator, Virginia EMS Portal and all web applications associated with the portal database maintenance, Emergency Services Planner position, Virginia Recruitment and Retention Network will host a Recruitment and Retention Resources Informational Discussion in Va. Beach, Renovations have begun at the Office of EMS staff working remotely, state holiday office closure, new Virginia EMS blog, inclement weather office delays, EMS Today conference, American Trauma Society invites EMS attendees to a special session on the integration of EMS responders and community services for trauma survivors and Virginia EMS Officer 1 class at the 2019 Caroline County Regional School.
- **March** – OEMS construction update regarding phone system, Va. EMS blog post, 5th Annual National Rural EMS & Care Conference, 3-day Education Coordinator Institute in Augusta Co., Virginia Office of EMS Implements New Education Divisions and EMS Officer 1 training in Caroline Co.

*Via GovDelivery Email Listserv (January - March)*

- 01/25/19 - Virginia EMS Symposium Call for Presentations Deadline Extended
- 02/01/19 - Rescue Squad Assistance Fund – June 2019 Cycle - GRANT OPPORTUNITY
- 02/15/19 - EMS Provider Influenza Research Study
- 03/19/19 - Virginia Office of EMS Implements New Education Divisions

#### **Customer Service Feedback Form (Ongoing)**

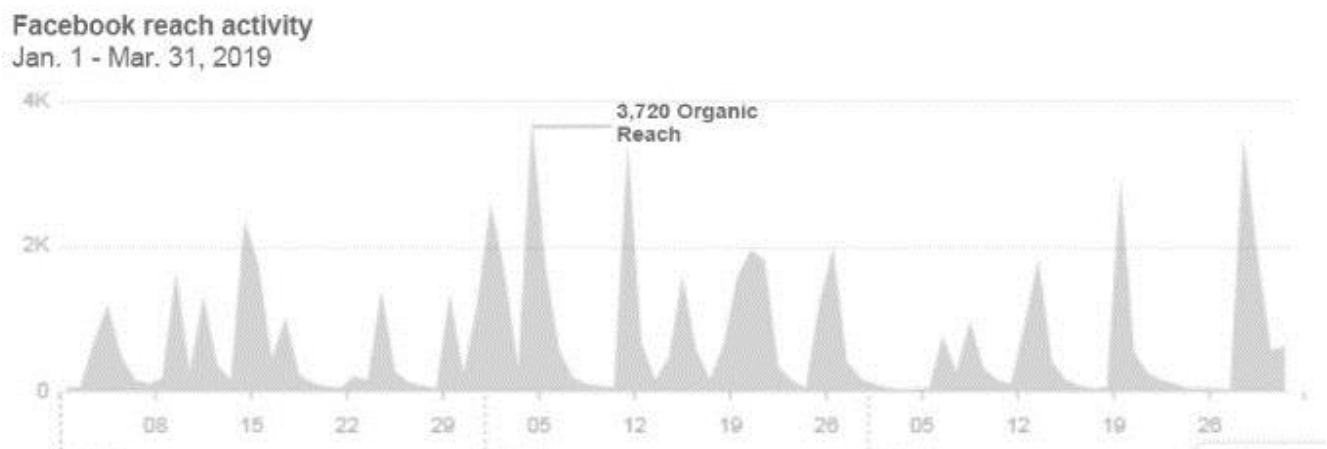
- PR Assistant provides monthly reports to EMS management regarding OEMS Customer Service Feedback Form.
- PR Assistant also provides biweekly attention notices (when necessary) to OEMS Director and Assistant Director concerning responses that may require immediate attention.

<b>Social Media and Website Statistics</b>
--

As of April 19, 2019, the OEMS Facebook page had 6,353 likes, which is an increase of 141 new likes since January 24, 2019. As of April 19, 2019, the OEMS Twitter page had 4,692 followers, which is an increase of 41 followers since January 24, 2019.

**Figure 1:** This graph shows the total organic reach\* of users who saw content from the OEMS Facebook page, January – March. Each point represents the total reach of organic users in the 7-day period ending with that day. **Our most popular Facebook post was regarding an EMS Officer I training in Caroline Co. and it was posted on Mar. 28, 2019. This post garnered 6,319 people reached, 527 engagements (including post likes, reactions, comments, shares and post clicks.)**

*\*Total Reach activity is the number of people who had any content from our Facebook Page or about our Facebook Page enter their screen. 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. Organic reach is not paid for advertising.*



**Figure 2:** This graph shows the total organic impressions\* over a 91-day period on the OEMS Twitter page, January - March. During this 90-day period, the OEMS Twitter page earned 398 impressions per day. The most popular tweet received 1,195 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

Jan. 1 - March 31, 2019

Your Tweets earned 35.8K impressions over this 90 day period

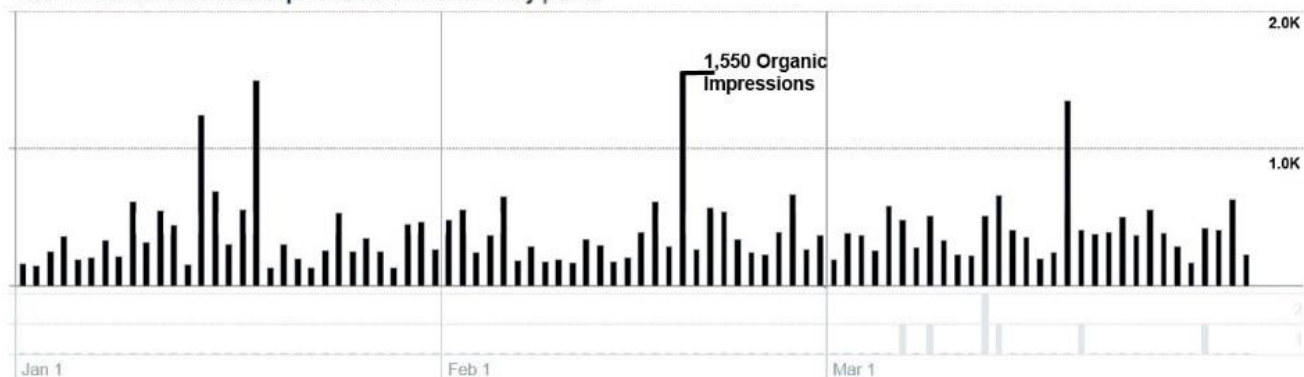


Figure 3: This table represents the top five most downloaded items on the OEMS website from January – March 2019.

January	<ol style="list-style-type: none"> <li>1. Quick-Guide-Completing-National-Registry-Recertification-Application-2018-Revised-12-18 (530)</li> <li>2. CentrelearnInstructions-with-link (421)</li> <li>3. AuthorizedDurableDNRForm-2017 (404)</li> <li>4. TR-06-Course-Roster-10-25-18-Locked (300)</li> <li>5. VA-EMSAT-Announcement-12.14.2018 (288)</li> </ol>
February	<ol style="list-style-type: none"> <li>1. Quick-Guide-Completing-National-Registry-Recertification-Application-2018-Revised-12-18 (544)</li> <li>2. AuthorizedDurableDNRForm-2017 (382)</li> <li>3. CentrelearnInstructions-with-link (381)</li> <li>4. TR-53A-BLS-CE-Requirements2 (252)</li> <li>5. TR-06-Course-Roster-10-25-18-Locked (208)</li> </ol>
March	<ol style="list-style-type: none"> <li>1. Quick-Guide-Completing-National-Registry-Recertification-Application-2018-Revised-12-18 (825)</li> <li>2. CentrelearnInstructions-with-link (503)</li> <li>3. AuthorizedDurableDNRForm-2017 (411)</li> <li>4. TR-53A-BLS-CE-Requirements2 (268)</li> <li>5. TR-06-Course-Roster-10-25-18-Locked (227)</li> </ol>

**Figure 4:** This table identifies the total number of unique pageviews, the average time on the homepage and the average bounce rate for the OEMS website from January – March 2019.

	Unique Pageviews	Average Time on Page (minutes: seconds)	Bounce Rate (Average for view)
January	12,439	00:22	24.5%
February	10,294	00:23	26.4%
March	11,998	00:23	26.75%

### Google Analytics Terms:

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

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

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

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

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

## Events

### EMS Week

- The PR Assistant coordinated the ordering and mailing of the American College of Emergency Physicians 2019 EMS Week Planning Guides to 600 affiliated Virginia EMS agencies. This event will take place May 19 – 25, 2019 and EMS for Children Day will take place Wednesday, May 22, 2019. This year's theme is "EMS Strong: Beyond the Call."
- The PR Assistant drafted and submitted a proclamation request to the Governor's Office to recognize EMS Week in Virginia.

### Fire and EMS Memorial Week

- The PR Coordinator and other OEMS staff reviewed the Fire and EMS Week proclamation created by the Virginia Department of Fire Programs (VDFP).
- The PR Coordinator fielded a request from VDFP to secure EMS apparatus for the memorial event. Emergency Operations Manager Karen Owens will be assisting with that request.
- The PR Coordinator will work with the VDFP to promote Fire and EMS Memorial Week via the following plan:
  - Will promote the date of this event in the EMS Week press release.
  - Will create a special webpage on the OEMS website to promote this event.
  - Will share and post additional information on the OEMS social media sites.
  - Will send out email through our listserv to inform providers about this event.

### EMS Symposium

- The PR Coordinator started drafting design concepts for the Symposium catalog, which will be posted online prior to summer registration opening.
- The PR Assistant created the text copy for the 40<sup>th</sup> Annual Virginia EMS Symposium Lip Sync Challenge application form. The PR Coordinator began creating an online submission form for the Lip Synch Challenge submissions.

- The PR Assistant sent a request to the Regional EMS Councils requesting photos from all of the agencies in their regions that were taken over the last 40 years to be used for this year's symposium anniversary celebration.
- The PR Coordinator created a 40<sup>th</sup> anniversary symposium logo to use to help promote the event.
- The PR Coordinator designed a symposium for the EMS Today Conference to promote the 40<sup>th</sup> Annual Virginia EMS Symposium.
- The PR Coordinator is working with the Symposium Sponsorship Coordinator and Business Manager to update the Symposium Sponsorship Guide, which should be posted online by April.
- On Mar. 6, the PR Coordinator submitted a full-page color ad for the April 2019 edition of the Commonwealth Chiefs magazine to promote the Virginia EMS Symposium.
- The PR Coordinator will submit symposium event info to NASEMSO to post on their calendar.

### **Governor's EMS Awards Program**

- The PR Assistant worked with the Governor's EMS Awards Nomination committee to start updating the 2019 Regional EMS Awards nomination forms.
- The PR Coordinator created online nomination forms for the Regional EMS Councils to use in place of the paper nomination forms. These forms are housed on the OEMS website, but are emailed to corresponding councils.
- The PR Assistant updated the Regional and Governor's EMS Awards webpage with updated nomination forms and fliers.
- The PR Assistant updated and submitted the 2019 Regional EMS Award guidelines and criteria to all Regional EMS Councils.
- The PR Assistant designed the 2019 Regional EMS Awards fliers to help promote the awards program and nomination deadlines/banquet schedule, to be posted on the OEMS website.

### **Media Coverage**

The PR Coordinator was responsible for fielding the following OEMS and VDH media inquiries January – March, and submitting media alerts for the following requests:

- Jan. 15 – Reporter from the HuffPost inquired about the status of an investigation regarding an EMS provider.
- Feb. 8 – Reporter from the Enterprise follow-up on an EMS investigation to verify if it was completed.
- Feb. 22 – Reporters from CNN and HuffPost an update on an EMS investigation, which was still ongoing at that time.
- Feb. 28 – Reporter from the HuffPost wanted to confirm if an EMS investigation was closed. OEMS Regulation and Compliance Manager confirmed the case had been closed Feb. 27, 2019. Reporters from CNN and the Enterprise requested case file.
- Mar. 1 – Reporters from WFXR, the Martinsville Bulletin and ABC13 requested the case file for an EMS investigation that had closed.
- Mar. 14 – Reporter from RVA Magazine had questions regarding an EMS investigation and clarifications on the regulation and compliance process.

## 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 created an RSAF grant logo to be used on the OEMS website.
- 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.
- The PR Coordinator provides assistance for the preparation of some responses for constituent requests.

- The PR Coordinator and PR Assistant respond to community requests 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 office Division Managers.
  - The PR Coordinator updated the new Education Divisions on OEMS homepage in March.
  - The PR Coordinator also shared regular updates on the OEMS move and construction via the new Virginia EMS Blog.
- 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 assists with FOIA requests as needed.
- When applicable, the PR Assistant submits new hire bios and pictures to be included on the New Employees webpage on the VDH intranet.

<b>VDH Communications Office</b>
----------------------------------

**VDH Communications Tasks** – The PR Coordinator and PR Assistant are responsible for covering the following VDH Communications Office tasks from January – March:

- **January - March** – The PR Coordinator is responsible for providing backup for the Communications Office staff, including coverage for media alerts, VDH in the News, media assistance, team editor and other duties upon request.
  - Beginning at the end of August, the PR Coordinator became the primary for Media Alerts through January 2019. Beginning in February 2019, the PR Assistant and PR Coordinator beginning switching every other month doing media alerts until further notice.
  - Beginning in December 2018 – March 2019, the PR Coordinator and PR Assistant provided backup assistance to the Communications Office while office staff is on extended leave.

- PR Coordinator is responsible for sending out weekly commissioner's email, updating all VDH social media, updating VDH intranet and external VDH website as requested and serve as primary contact for Adobe Stock image requests. Also assists with additional PR requests as needed and serves as a backup for VDH listserv emails.
  - PR Assistant is responsible for updating the VDH New Employees photos for the VDH intranet and coordinating and sending the Commissioner's clinician letters. PR Assistant serves as secondary backup for VDH social media, listserv emails, Adobe Stock image requests.
  - PR Coordinator assists with public relations coverage downtown when Communications Director is out. Sometimes this is done remotely by covering phones or email, other times it is covered by working downtown.
- **VDH Communications Conference Calls (Ongoing)** - The PR Coordinator and PR Assistant participate in bi-weekly conference calls and polycoms for the VDH Communications team.
  - PR Coordinator and PR Assistant participate in monthly Agencywide Communications Workgroup. The PR Assistant serves on the Policies and Procedures Workgroup sub-committee and the PR Coordinator serves on the Social Media sub-committee.

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

- **01/14/19 - Construction Begins on New Offices at OEMS**

On January 7, 2019, construction began on the new offices at the VDH's Office of EMS (OEMS). Previously, OEMS was located in two separate buildings at its Glen Allen location. The first phase of construction will include the build-out of the new space where the Division of Educational Development and the Division Regulation and Compliance will be housed. The 1001 Technology Park Drive location has officially closed and all visitors to OEMS have been directed to the 1041 Technology Park Drive main office. Construction will occur over the next several months in three phases; the first phase is officially underway now. All three phases will include the remodeling of the new and current office locations, new office furniture and new workspaces. The final phase of construction is tentatively set to conclude in May 2019. Many thanks to Business Manager Adam Harrell, Procurement Officer Jackie Hunter, Emergency Operations Manager Karen Owens and HMERT Coordinator Frank Cheatham for their help to coordinate this massive and complex effort.

- **01/22/19 - OEMS Conducts Educator Update and Institute**

On Friday, January 11, staff from the Office of EMS (OEMS) Division of Educational Development conducted an Education Coordinator Update at the James City Bruton Fire Station in Toano. The four-hour update provided Virginia EMS educators with current updates to policies and procedures, as well as information on future plans for EMS training. Staff members participating in the update included Warren Short, training manager; Billy Fritz, Basic Life Support training specialist; Debbie Akers, Advanced Life Support training specialist; Chad Blosser, training and development coordinator; and Peter Brown, certification testing supervisor. On January 12-14, OEMS staff from its divisions of Educational Development and Regulation and Compliance conducted the winter Education Coordinator Institute at the James City County Fire-EMS Training Center. The three-day Institute added 16 new EMS educators to Virginia's EMS system. Staff members participating included Warren Short, training manager; Billy Fritz, Basic Life Support training specialist; Debbie Akers, Advanced Life Support training specialist; Chad Blosser, training and development coordinator; Peter Brown, certification testing supervisor; and Wayne Berry, EMS program representative.

- **03/25/19 OEMS Conducts Training Updates in Augusta County**

On Wednesday, March 13, staff from the Office of EMS (OEMS) Divisions of Accreditation, Certification and Education (ACE), and Regulation and Compliance conducted the spring Education Coordinator Institute at the Augusta County Fire-EMS Training Center. The three-day Institute added 10 new EMS educators to Virginia's EMS system. Staff members participating in the Institute included Debbie Akers, ACE program manager, Chad Blosser, education program manager, and Doug Layton, EMS program representative. On the following Saturday, March 16, staff from ACE conducted an Education Coordinator Update at the Augusta County Fire-EMS Training Center in Verona, Virginia. This four-hour update provided Virginia EMS educators with current updates to policies and procedures as well as information on future plans for EMS training. Also participating in this update were ACE Program Manager Debbie and Education Program Manager Chad.



# Regulation and Compliance

## **VIII. Regulation and Compliance**

The Division of Regulation and Compliance performs the following tasks:

- Licensure
  - EMS Agencies and vehicles
- Regulatory Compliance enforcement of:
  - EMS Agencies
  - EMS Vehicles
  - EMS Personnel
  - EMS Physicians
  - RSAF Grant Verification
  - Regional EMS Councils
  - EMS Education Coordinators (EC)
  - Complaint\Compliance Investigations
  - Drug Diversion Investigations
  - LCR Database Portal Management
- EMS Physician (OMD/PCD) Endorsements
- Background Investigation Unit
  - Determine eligibility for EMS certification and/or affiliation in Virginia
- EMS Regulation Variance/Exemption application determinations
- Creation and/or Revision of EMS Regulation(s)
  - Utilizing the Virginia Division of Legislative Services, Regulatory Town Hall, and Department of Planning and Budget as required
- Provide Virginia General Assembly legislative session representation for the Office of EMS

- Provide written and verbal consultation regarding proposed legislation being debated or considered, that involves or impacts the delivery of EMS in the Commonwealth of Virginia
- Educational Resource specific to Virginia EMS Regulation & Compliance
  - Educational programs provided on request and during most EMS conferences throughout the Commonwealth of Virginia
- Provide support to all standing Committees of and for the Virginia EMS Advisory Board
- Provide regulatory and compliance consultation services for EMS agencies and municipalities within the Commonwealth of Virginia
- Represent the Virginia Office of EMS, Regulation & Compliance Division on national boards and/or committees

The following is a summary of the Division's enforcement activities for the first quarter, 2019:

#### **EMS Agency/Provider Compliance**

<b>Enforcement</b>	<b>2019 1st Quarter</b>	<b>2019 2nd Quarter</b>	<b>2019 3rd Quarter</b>	<b>2019 4th Quarter</b>	<b>2019 Totals</b>	<b>2018 Totals</b>	<b>2017 Totals</b>
<b>Citations</b>	<b>16</b>				<b>16</b>	<b>14</b>	<b>78</b>
<b>EMS Agency</b>	<b>1</b>				<b>1</b>	<b>9</b>	<b>37</b>
<b>EMS Provider</b>	<b>15</b>				<b>15</b>	<b>5</b>	<b>41</b>
<b>Verbal Warning</b>	<b>4</b>				<b>4</b>	<b>10</b>	<b>5</b>
<b>EMS Agency</b>	<b>3</b>				<b>3</b>	<b>8</b>	<b>2</b>
<b>EMS Provider</b>	<b>1</b>				<b>1</b>	<b>2</b>	<b>3</b>
<b>Correction Order</b>	<b>1</b>				<b>1</b>	<b>5</b>	<b>30</b>

<b>EMS Agency</b>	<b>1</b>				<b>1</b>	<b>4</b>	<b>30</b>
<b>EMS Provider</b>	<b>0</b>				<b>0</b>	<b>1</b>	<b>0</b>
<b>Suspension</b>	<b>4</b>				<b>4</b>	<b>40</b>	<b>22</b>
<b>EMS Agency</b>	<b>0</b>				<b>0</b>	<b>0</b>	<b>1</b>
<b>EMS Provider</b>	<b>4</b>				<b>4</b>	<b>40</b>	<b>21</b>
<b>Revocation</b>	<b>0</b>				<b>0</b>	<b>0</b>	<b>4</b>
<b>EMS Agency</b>	<b>0</b>				<b>0</b>	<b>0</b>	<b>0</b>
<b>EMS Provider</b>	<b>0</b>				<b>0</b>	<b>0</b>	<b>4</b>
<b>Compliance Cases</b>	<b>62</b>				<b>62</b>	<b>143</b>	<b>160*</b>
<b>EMS Opened</b>	<b>20</b>				<b>20</b>	<b>160</b>	<b>77*</b>
<b>EMS Closed</b>	<b>*</b>				<b>*</b>	<b>91</b>	<b>53</b>
<b>Drug Diversions</b>	<b>1</b>				<b>1</b>	<b>12</b>	<b>20</b>
<b>Variances</b>	<b>21</b>				<b>21</b>	<b>54</b>	<b>8*</b>
<b>Approved</b>	<b>13</b>				<b>13</b>	<b>33</b>	<b>6</b>
<b>Denied</b>	<b>8</b>				<b>8</b>	<b>20</b>	<b>2*</b>

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.

## Hearings

(2) Administrative Processes Act Informal Fact Finding Conferences (hearings) held this quarter.

## Licensure

Licensure	2019 1st Quarter	2019 2nd Quarter	2019 3rd Quarter	2019 4th Quarter	2018 Total	2017 Total
EMS Agency	*				607	621
New	2				6	5
EMS Vehicles	*				4,243	4,679
Inspection	*				3,729	3,089*
EMS Agency	*				288	319
EMS Vehicles	*				3097	2,278
Spot	*				389	492*

\*Note: Statistical data unavailable at the time of this report. Data will be included in next quarters report.

## Background Investigation Unit

The Office of EMS began the process of conducting criminal history background checks utilizing the FBI fingerprinting process through the Central Criminal Record Exchange (CCRE) of the Virginia State Police on July 1, 2014. A dedicated section with relevant information about this process is on the OEMS web site at: <http://www.vdh.virginia.gov/emergency-medical-services/regulations-compliance/criminal-history-record/> .

<b>Background Checks</b>	<b>2019 1st Quarter</b>	<b>2019 2nd Quarter</b>	<b>2019 3rd Quarter</b>	<b>2019 4th Quarter</b>	<b>2019 Total</b>	<b>2018 Total</b>	<b>2017 Total</b>
<b>Processed</b>	*					<b>7,318</b>	<b>7,633</b>
<b>Eligible</b>	*					<b>6,578</b>	<b>6,015</b>
<b>Non-Eligible</b>	*					<b>48</b>	<b>46</b>
<b>Outstanding</b>	*					<b>38</b>	<b>1,362</b>
<b>Jurisdiction Ordinance</b>	*					<b>1,344</b>	<b>1,167</b>

### **Regulatory Process Update**

OEMS Regulation & Compliance Division continue to work with key EMS stakeholder groups to review suggested revisions to all sections of the current EMS Regulations (Chapter 31).

- Stage 1 - A Notice of Intended Regulatory Action (NOIRA) posted in the Virginia Register of Regulations (Vol. 33 Issue 19) on May 15, 2017. The deadline for public comment was June 14, 2017. No public comments were submitted.
- The approved first draft of “Proposed” EMS Regulations (Chapter 32) has been manually entered into the RIS as project 5100
- The required Town Hall (TH-02) form is complete which details all changes in regulatory language from Chapter 31 to 32 by comparison. This form was submitted to the Regulatory Town Hall on January 25, 2019 and project 5100 (Chapter 32) has officially entered Stage 2 of the Regulatory process.
- Stage 2 - Submission of the completed TH-02 document on January 25, 2019 for project 5100 (Chapter 32) will be presented to the VDH – Board of Health in June for approval to initiate the Executive Branch Review process which requires the Office of Attorney General, Department of Planning and Budget including an Economic Impact Analysis, Cabinet Secretary, and Governor of Virginia to review; then posted for a 60 day public comment period on the Virginia Regulatory Town Hall

- Following the 60 day comment period, all comments will be considered (adopted) and final regulatory language will be revised
- Stage 3 – Submission of the completed (TH-03) document for project 5100 as the final regulatory package via the Town Hall to again receive a repeat Executive Branch review and final public comment period before adoption into law.

### **EMS Physician Endorsement**

Number of Endorsed EMS Physicians: As of March 31, 2019: \*

Regional Operational Medical Director (OMD) workshops were conducted during Q1 in Fredericksburg, Fairfax, and Rocky Mount, Virginia. The scheduled 2019 OMD workshops are posted on the Virginia Office of EMS [website](#).

Interested OMD's can contact the Office to register for the upcoming workshop. 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. We are also working to create a paperless (online) process for OMD initial and re-endorsement applications and document submission via enhanced OMD portal access upgrades. One Log In for all OMD roles!

### **Additional Regulation & Compliance Division Work Activity**

- ❖ Since the last EMS Advisory Board meeting the Regulation and Compliance division staff held bi-monthly staff meetings on February 20-22, 2019 and April 10 – 12, 2019 in Glen Allen, Virginia. The next divisional staff meeting is scheduled for June 5-7, 2019 in Glen Allen, Virginia.
- ❖ Division staff have provided technical assistance and conducted educational presentations to EMS agencies, EC Institutes and updates, and local governments as requested.
- ❖ Division field investigators have assisted the OEMS Grants Manager and the RSAF program by performing reviews of submitted grant requests as well as verification of purchase compliance for RSAF grant funds awarded during each funding cycle.
- ❖ The Office, in conjunction with VDH is in the process of finalizing an internal policy to provide a pathway for the re-instatement of impaired EMS providers who have been sanctioned because of a substance abuse issue. Collaborative efforts have begun with several committees of the state EMS Advisory Board to ensure consistency with project development 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.

- ❖ Reminder of Regulatory Change effective November 02, 2018. The term “affiliation” was returned to regulatory language in 12VAC5-31-910 A & B as follows:

*Application for affiliation, certification or current certification of individuals....*

Once again all members joining a licensed EMS agency must submit to a finger print based criminal history background check and be approved by the OEMS for both affiliation and certification. *This includes non EMS certified members such as drivers. There is NOT a grandfather clause to this regulatory change.* Affiliated non-certified members that no longer meet eligibility requirements as of November 2<sup>nd</sup> may not continue affiliation or participate in any way with a licensed EMS agency or onboard a OEMS licensed vehicle.

- ❖ The Office of EMS, Regulation & Compliance Division will be outsourcing the collection of finger prints for background checks to the state contract vendor, FieldPrint. The target date of this change is within the second quarter of 2019. Details of how fingerprints will be submitted to the OEMS after this date are being determined now and will be announced as soon as possible. This new process for fingerprint submissions will be more efficient, cost effective, and provides increased access for both regulants and EMS agencies.
- ❖ The Regulation and Compliance Division is developing plans to restructure our team to enhance and improve both service delivery and division efficiency. We are converting to a more team based supportive infrastructure.

## **Division Structure Profile**

### **Ronald D. Passmore**

Manager, Regulation and Compliance Division

Phone: (804) 888-9131

Fax: (804) 371-3108

Oversees the Division of Regulation and Compliance, focus is on the following broad areas:

EMS Physician initial and re-endorsement

EMS agency initial and re-licensure

EMS vehicles permitting and renewal

EMS regulations development and enforcement

Variances and Exemptions processing for provider, agencies and entities



OEMS policy advisor to Executive Management

Provide technical assistance & guidance to all committees of and the state EMS Advisory Board

OEMS Staff Liaison to the Rules and Regulations Committee

Manages Operations Education Track for Virginia EMS Symposium

Technical assistance to local governments, EMS agencies and providers

Background investigations on EMS certified personnel and EMS students

Regulatory enforcement, complaint processing

National issues involving licensure and regulations

**Marybeth Mizell**

Administrative Assistant, Regulation and Compliance Division

Phone: (804) 888-9130

Fax: (804) 371-3108

Provides administrative support to the Division Manager while managing all Virginia endorsed EMS physicians, to include all applications for OMD/PCD endorsement and re-endorsement, and provides technical support assistance to field team administrative assistants.

Update and maintain listing of all Virginia endorsed EMS Physicians

Provides staff support to the Rules and Regulations and Transportation committees

**Kathryn “Katie” Hodges**

Administrative Assistant, (Phillips Field Team)

Phone: (804) 888-9133

Fax: (804) 371-3409

**Vacant**

Administrative Assistant, (Burch Field

Phone: (804) 888-9125

Fax: (804) 371-3409

Coordinates background investigation activities and provides support to field team.

### **OEMS Program Representatives (Field Investigators)**

Provides field support to EMS agencies, local government, facilities and interested parties in the development of EMS to include the following:

EMS agency initial and renewal licensure

EMS vehicle initial and renewal permits

EMS regulation and compliance

Complaint investigation

Conduct inspections and investigations

Verify awarded grants to eligible recipients from RSAF program

Liaison and OEMS representative at various local and regional meetings with fellow organizations to include but not limited to regional EMS Councils, VDEM, DFP, local and state law enforcement, etc.

Subject matter experts on the delivery of EMS

Facilitator for matters related to OEMS through the various Office of EMS programs

**Supervisor, Jimmy Burch** (Jimmy.Burch@vdh.virginia.gov) – *South Virginia*

- Paul Fleenor (Paul.Fleenor@vdh.virginia.gov) – *Western Virginia*
- Ron Kendrick (Ron.Kendrick@vdh.virginia.gov) – *Far Southwest Virginia*
- Steve McNeer (Stephen.McNeer@vdh.virginia.gov) – *Greater Richmond Area Virginia*

**Supervisor, Heather Phillips** (Heather.Phillips@vdh.virginia.gov) – *No. Central Virginia*

- Wayne Berry (Wayne.Berry@vdh.virginia.gov) – *Coastal Virginia*
- Scotty Williams (Scotty.Williams@vdh.virginia.gov) – *Northern Virginia*
- Doug Layton (Douglas.Layton@vdh.virginia.gov) – *Shenandoah Valley Virginia*

The Regulation and Compliance Team of professionals provide the Commonwealth of Virginia with more than 144 years of combined experience specific to EMS regulations and compliance enforcement; in addition, this team of twelve has more than 313 years of combined experience with the delivery of Emergency Medical Services as clinical providers and EMS administrators.

# Trauma and Critical Care

## IX. Trauma and Critical Care

### Patient Care Informatics

- Virginia Elite Updates
  - EMS agency leadership are being contacted by email and certified mail to remind them of the annual requirement to update their agency Demographic data as outlined in the Virginia Data Dictionary as per § 32.1-116.1. Section B in the Code of Virginia. The deadline for completion was close of business **March 31, 2019**. Staff is evaluating compliance and results will be communicated to the agencies and posted on the OEMS Support Knowledgebase.
  - OEMS is exercising the second of the one year contract renewals with ImageTrend beginning June 1, 2019. We are beginning the Request for Proposal process as required by state procurement policy.
  - The Division will be transitioning to a new support ticketing system that has features unavailable from the current vendor. We look forward to an improved customer experience with the new vendor.
  - Support staff responded to 269 tickets in the 1<sup>st</sup> quarter of 2019.
    - OEMS has on boarded two contract staff to assist with in-house IT customer support. We are awaiting approval from VDH Human Resources to recruit for a vacant support position.
    - The Division successfully recruited and filled our open EMS Epidemiology Program Manager. Jessica Rossner began working at OEMS on April 25, 2019 and will be working closely with Advisory Board Committees going forward.
- Virginia State Trauma Registry
  - The current data dictionary, adopted in 2015, is based on the National Trauma Data Bank standard. It is due for a major update and staff are working with Virginia hospitals and third party vendors to assure a seamless transition to the new dictionary. We have not determined an implementation date but will communicate with stakeholders well in advance.

- **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 submitted to the Elite system.

- Division staff identified 153,000 invalid data points' submitted agencies in January 2019. We are in constant, on-going contact with these agencies in an effort to improve data quality. We are also working with our vendor to implement a software solution; however, this has the potential to negatively affect agencies. Our goal is to achieve data validity compliance without resorting to import stoppage.
- The latest Data Quality Report and Data Submission Compliance Reports can be found on the Knowledgebase here: [Knowledgebase - Data Submission Report](#)

Virginia Agency Validity Scores- Overall	October 2018	November 2018	December 2018
Excellent (98-100)	308	342	336
Good (95-97.99)	54	48	47
Poor (< 95)	55	46	48
Failed to submit	110	87	94

Validity Score	December 2018	January 2019	February
Excellent (98-100)	336	335	320
Good (95-97.99)	47	46	69
Poor (< 95)	48	50	56
Failed to submit	94	99	98

*Average Incident Validity Score by EMS Council*

EMS Council Region	January	February
Blue Ridge	95.59	95.81
Central Shenandoah	99.58	99.29
Lord Fairfax	98.76	96.50
Northern Virginia	98.51	97.16
Old Dominion	97.02	97.89
Peninsulas	97.08	96.58
Rappahannock	99.27	98.80
Southwest Virginia	92.46	91.74
Tidewater	95.76	96.17
Western Virginia	98.62	98.38

- **1<sup>st</sup> Quarter EMS Response Data**

- Virginia EMS Agencies responded to 388,415 calls in the 1<sup>st</sup> Quarter. As indicated in the tables below out of the 388,415 calls there are almost 93,000 blank fields (provider failed to document any information) in the Incident Disposition, Gender, Race and Age in Years elements. There are another 100,000 “Not Recorded” entries in those same elements (“Not Applicable” is an acceptable entry as not all calls resulted in patient contact/transport/treatment). As discussed above we continue to work to address the quality of the data we receive so that it is meaningful and can be used to improve patient care and outcomes in the Commonwealth.

*EMS Call Breakdown by Incident Disposition*

<b>Incident Disposition</b>	<b>EMS calls</b>
Assist	25,341
Canceled	37,574
Patient Dead at Scene	3,198
Patient Evaluated, No Treatment Needed	3,357
Patient Refused Evaluation/with Transport	340
Patient Refused Evaluation/without Transport	17,591
Patient Treated, Released	11,320
Patient Treated, Transferred Care to Another EMS Unit	5285
Patient Treated, Transported by this EMS Unit	268,676
Standby	7,495
Transport Non-Patient, Organs, etc.	222
Other	647
<b>Blank</b>	7,369
<b>Total</b>	<b>388,415</b>

*EMS Calls by Gender*

<b>Gender</b>	<b>EMS Calls</b>
Female	173,477
Male	148,823
Not Applicable	15,220
<b>Not Recorded</b>	42,837
Unable to Determine	307
<b>Blank</b>	7,751
<b>Total</b>	<b>388,415</b>

### *EMS calls by Race*

<b>Race</b>	<b>EMS Calls</b>
American Indian or Alaska Native	823
Asian	6,136
Black or African American	98,689
Hispanic or Latino	9,381
Native Hawaiian or Other Pacific Islander	794
Not Applicable	7,196
<b>Not Recorded</b>	58,075
Other Race	229
White	197,368
<b>Blank</b>	9,724
<b>Total</b>	<b>388,415</b>

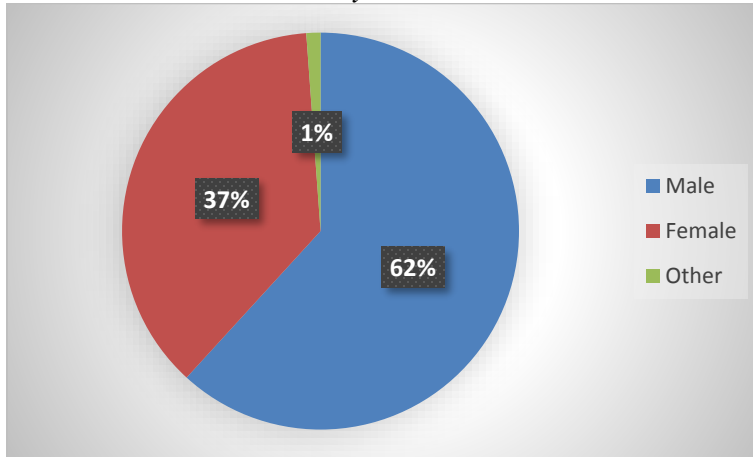
### *EMS Calls by Age Groups*

<b>Age Groups (Years)</b>	<b>EMS Calls</b>
Under 16	14,376
16 – Below 30	29,958
30 – Below 60	91,880
60 – Below 85	142,656
Above 85	41,941
<b>Blank</b>	67,604
<b>Total</b>	<b>388,415</b>

- **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 VDH leadership, Health District Managers and Regional Council Directors as a part of the ongoing surveillance efforts. OEMS also contributes EMS data to the CDC's Enhanced State Opioid Overdose Surveillance (ESOOS) program. The most recent quarterly report is on the Virginia Department of Health website at [Opioid Addiction – Data](#).

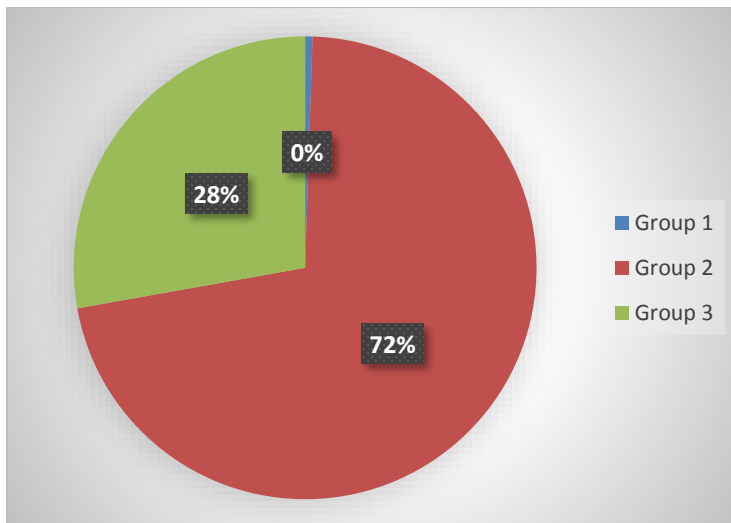
- January 2019-March 2019 Narcan Administration Highlights

*Naloxone Administration by Gender*



EMS administered Narcan in 1,565 responses during the 1st quarter (down from 1787 in Q4 2018). Males accounted for the majority responses at 967. Females accounted for 540 and 18 had missing or Not Reported fields.

*Naloxone Administration by Age Group*



Naloxone Administration by Age  
 Group 1 = < 16 years  
 Group 2 = 16-59.99 years  
 Group 3 = > 60 years

Of the 1565 calls that included Narcan administration, 798 of those (51 %) patients had an "Improved" response documented.

Almost half of the Narcan administered did not result in an "Improved" patient condition.

## EMS Narcan Administrations with Improved Response by Health District for January-February, 2019



**Narcan Surveillance Summary Report - EMS Patients with Improved Narcan Response, VA,  
January 2019**

VDH Health District	Week 1 (1-7)	Week 2 (8-14)	Week 3 (15-21)	Week 4 (22-28)	Week 5 (29-31)	Grand Total	Mean Milligrams
Alexandria	3		2			5	2.3
Alleghany	1	1		1	1	4	4.0
Arlington	1			1		2	1.5
Central Shenandoah	1		3	2	1	7	2.1
Central Virginia	1	1	1	3		6	1.9
Chesapeake	3	3	1	1		8	1.2
Chesterfield	4	1	1	6	1	13	3.7
Chickahominy		2	1	1		4	2.3
Crater	4	2	3	2	2	13	2.0
Cumberland Plateau		1				1	4.0
Eastern Shore	1	1		1		3	2.0
Fairfax	6	5	4	1	1	17	2.6
Hampton		1				1	2.4
Henrico	3	1	2	1	1	8	1.8
Lenowisco			1		1	2	4.5
Lord Fairfax	3	1	2	2		8	1.3
Loudoun	2			2	1	5	2.9
Mount Rogers			1			1	2.0
New River	3			3		6	1.7
Norfolk	2		1	1	2	6	2.5
Out of State			1			1	2.0
Peninsula	3	3	4	2	1	13	1.9
Piedmont			1	1		2	2.3
Pittsylvania/Danville	1	2	1	2		6	1.5
Portsmouth	2	1				3	2.5
Prince William	1	3			2	6	1.3
Rappahannock	3	3	1	3		10	2.2
Rappahannock/Rapidan	3	1		1	2	7	2.4
Richmond	4	5	5	8	2	24	1.2
Roanoke				1	1	2	0.3
Southside				2		2	6.0
Thomas Jefferson	1	1			1	3	1.2
Three Rivers		1	1			2	1.9
Virginia Beach	1	1	4	1	1	8	1.9
West Piedmont	1	2	2	2		7	1.5
Western Tidewater	1		5	2		8	1.7
<b>Grand Total</b>	<b>59</b>	<b>43</b>	<b>48</b>	<b>53</b>	<b>21</b>	<b>224</b>	<b>2.2</b>

**Note:** Data is compiled from patient medical records submitted to the Virginia Pre-Hospital Information Bridge (VPHIB) program with the Virginia Department of Health, Office of Emergency Medical Services (OEMS), Division of Trauma/Critical Care for January 2019 as of 02/14/2019.

**\*\* 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. \*\***

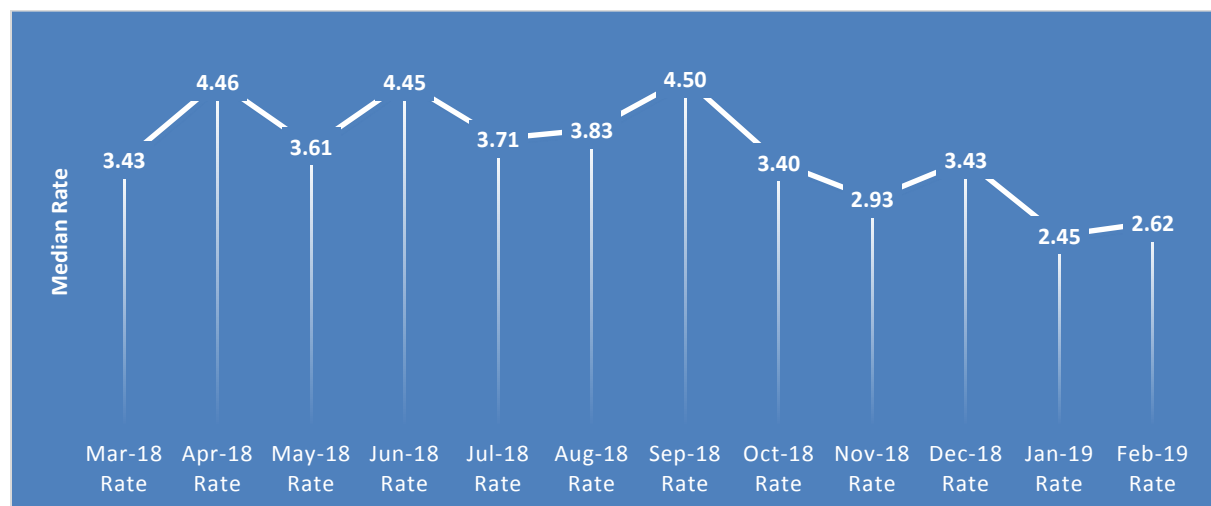
**Narcan Surveillance Summary Report - EMS Patients with Improved Narcan Response, VA,**  
**February 2019**

VDH Health District	Week 1 (1-7)	Week 2 (8-14)	Week 3 (15-21)	Week 4 (22-28)	Grand Total	Mean Milligrams
Alexandria		4	1		5	1.40
Alleghany	3	1	1		5	1.34
Arlington	4	1			5	1.20
Central Shenandoah	1			1	2	2.00
Central Virginia	1	3	1	4	9	2.07
Chesapeake	2	1	2	4	9	1.11
Chesterfield	6	5	6	5	22	4.54
Chickahominy	1				1	2.00
Crater	4	2	4	3	13	2.08
Cumberland Plateau	1	1			2	0.70
Eastern Shore				1	1	0.00
Fairfax	6	3	4	10	23	1.66
Hampton	2	1		2	5	1.70
Henrico	4	2	1	4	11	1.59
Lenowisco	1			1	2	4.00
Lord Fairfax	1	2	3	4	10	1.72
Loudoun		1	1		2	2.00
Mount Rogers	1	1	1		3	2.67
New River				1	1	8.00
Norfolk	1	1	3	2	7	2.00
Peninsula	2		3	1	6	1.42
Piedmont	1	3		1	5	2.00
Pittsylvania/Danville	1				1	0.40
Portsmouth	1	1	2	3	7	1.77
Prince William	1	3	1	3	8	1.43
Rappahannock	4	2	5	1	12	1.28
Rappahannock/Rapidan	4	2	3	1	10	1.90
Richmond	8	7	7	7	29	1.18
Roanoke				1	1	0.40
Southside	5			1	6	2.25
Thomas Jefferson		2	2	2	6	1.07
Three Rivers	1			1	2	3.00
Virginia Beach	1	3	2	4	10	2.05
West Piedmont	3	1		2	6	1.37
Western Tidewater	3	1			4	2.50
<b>Grand Total</b>	<b>74</b>	<b>54</b>	<b>53</b>	<b>70</b>	<b>251</b>	<b>1.92</b>

**Note:** Data is compiled from patient medical records submitted to the Virginia Pre-Hospital Information Bridge (VPHIB) program with the Virginia Department of Health, Office of Emergency Medical Services (OEMS), Division of Trauma/Critical Care for February 2019 as of 03/21/2019.

**\*\* 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. \*\***

### Virginia Median Narcan Administration Rates per 100,000



The Office of EMS received 13 ad hoc requests for data and/or analysis in the first quarter of 2019. The Central Virginia Community College in Lynchburg, VA requested EMS data to analyze call type and volumes to use in their EMS education program planning.

### Top 10 Complaint Types in Virginia 12/2016-12/2018

Complaint Type	Frequency
Pain	8437
SOB	8160
Dialysis	8096
Fall	7863
none	7784
headache	7634
Vomiting	7220
Generalized	7208
Confusion	7040
Altered mental status	6878

### Top 10 Medications Administered

Medication Given	Frequency
Oxygen	295826
Normal saline	149856
Albuterol (Proventil)	67470
Ondansetron (Zofran)	66186
Aspirin	65524
Nitroglycerin	60611
Fentanyl	53608
Epinephrine 0.1 MG/ML	35287
Naloxone (Narcan)	24768
Ipratropium (Atrovent)	21363

### *Top 10 Procedures Performed*

<b>Procedures Performed</b>	<b>Frequency</b>
IV Start - Extremity Vein (arm or leg)	667862
CV - ECG - 12 Lead Obtained	477546
Assess - Assessment of Patient	182918
CV - ECG - 3 Lead Monitoring	159491
Electrocardiographic monitoring	121776
Assess - Glucose Check - Prior to Glucose Given	85701
Assess - Pulse oximetry	52238
Assess - Vital Signs Taken	51156
Z-Glucose Check - Blood	35824
IV - Maintain / Monitor / Flush	34853

- **Trauma Center Updates**

- Verifications

- Winchester Medical Center underwent a triennial verification review of its Level II trauma center and received full verification from the State Health Commissioner.
    - Sentara Norfolk General Hospital underwent a triennial verification review of its Level I adult trauma center and received full verification from the State Health Commissioner.

- Provisional Designation

- Sentara Norfolk General Hospital underwent a provisional designation review to become a Level IB burn center. The State Health Commissioner granted them a one-year provisional designation.

- Upcoming Trauma Center Site Reviews

- Chippenham Hospital, Level I provisional designation review, April 30, 2019
    - Lewis Gale Hospital - Montgomery, Level III verification, May 16, 2019
    - Henrico Doctor's Hospital - Forest, Level II verification, June 19, 2019

## Virginia EMS for Children (EMSC) Program

### Collection of Performance Measures 02 & 03 Data Becomes Annual:



HRSA announced April 3 that all of the state EMSC programs must adopt an annual data collection process in order to assess each state partnership program's degree of achievement from year to year related to the EMS-based performance measures EMSC 02 and EMSC 03. The 3-month data collection period will be from January through March annually, beginning in 2020.

- EMSC 02 = Pediatric Emergency Care Coordinators (EMS agency level)
- EMSC 03 = Pediatric Skills Verification

#### Continuing EMSC recommendation (and plea) to Virginia hospital Emergency Departments:

- Weigh AND record children in **kilograms** (*to help prevent medication errors*).
- Include children specifically in hospital disaster/emergency plans.
- Designate a **Pediatric Emergency Care Coordinator** (PECC)—*nurse, physician, or both—the single most important item a hospital can implement to ensure pediatric readiness, including patient safety.*
- Ensure *pediatric* patients are included in the quality improvement process.
- Review and/or adopt **pediatric safety policies** (*radiation dosing, medication dosages, abnormal VS*).

### Agencies Lining Up for Next Shipment of Child Restraints:



EMS agency leaders with interest in receiving one or two Quantum ACR-4 child restraint systems are encouraged to contact the Virginia EMS for Children Program ([david.edwards@vdh.virginia.gov](mailto:david.edwards@vdh.virginia.gov)) with their requests. The program's previous inventory of child restraint systems was fully distributed, and a new batch of ACR-4 systems is in procurement. Agencies are strongly encouraged to *adopt safety policies and procedures requiring the use of child restraints by their providers*, and the Virginia EMSC program is available to assist in this.

### Plans for 40 EMSC-Funded Registrations at 40<sup>th</sup> Annual Virginia EMS Symposium:

In celebration of the upcoming 40<sup>th</sup> edition of the Virginia EMSC Symposium, the Virginia EMSC Program will offer full registration awards to 40 attendees. Final details of the initiative are on the agenda for discussion at the next EMSC Committee Quarterly Meeting (July 11, 2019).

### **Planning Underway for Voluntary Hospital ED Site Visits:**

A calendar is under construction for future pediatric-focused on-site evaluations of hospital emergency departments (upon hospital request). These are available at no cost (performed by the Virginia EMSC Program), and will be coordinated when possible with activities of other OEMS Divisions related to regional EMS system evaluation. The bulk of the on-site evaluations will probably be small and/or rural hospital ED's. EMSC Committee members who wish to participate (and perhaps others with pediatric interest/expertise) in one or more of these hospital site visits should let their interest be known to David Edwards, Pediatric Emergency Care Coordinator by email (david.edwards@vdh.virginia.gov).

### **EMSC “Boot Camp” Modules Evolving:**

The Virginia EMSC Program is hosting an “EMSC Boot Camp” at the 2019 EMS Symposium. The concept being developed focuses on at least three adjacent modules; “EMS Agency Pediatric Coordinator”, “Pediatric Skills Verification” and “EMS Agency Pediatric Readiness”. With the help of staff from the Division of Accreditation, Certification and Education (ACE) at OEMS (and input from other state EMSC programs), the EMSC program is working to fully evolve the format of these subjects.

### **Recent Webinar Specifically Targeted EMSC Family Advisory Network Members:**

The EMSC Innovation & Improvement Center (EIIC) presented a webinar “Effective Use of Social Media for the EMSC Family Advisory Network (FAN) on Tuesday, April 16<sup>th</sup>. The webinar featured Dr. Padma Swamy, a pediatrician at Baylor College of Medicine and Texas Children's Hospital. Dr. Swamy's clinical interests include providing care for vulnerable and underserved children, and she is passionate about using social media for advocacy, presenting lectures locally and nationally on this topic. Dr. Swamy maintained that social media has many benefits that can support EMSC work:

- Creating targeted messages for specific demographics
- Building relationships with your partners and community
- Creating word of mouth advocacy--and its FREE

### **“Stop the Bleed” Toolkit for School Nurses (and others) Still in Development:**

Virginia EMSC continues collaboration with the *VA Department of Education*, the *Central VA Coalition to Stop the Bleed*, and the *School Nurses Institute Partnership* to develop a toolkit to assist school nurses (and others) in combining traditional “**Stop the Bleed**” training with scenario-based decision-making (and additional repetition of hemorrhage control techniques). School nurses will be able to receive continuing education credit as well for participating in these courses, in which participation of EMS agencies (as instructors, victims or students) can create a value-added experience.

## **MARK YOUR PEDIATRIC CALENDAR...**

- **National Association of State EMS Officials:** May 13-16, 2019, Salt Lake City.
- **Society for Academic Emergency Medicine:** May 14-17, 2019, Las Vegas.
- **National EMS Week** – May 19-25, 2019.
- **National EMS for Children Day** – May 22, 2019. This year's theme is "*BEYOND the CALL.*"
- **EMSC Town Hall** – 3-4 pm ET, August 14, 2019.
- **EMSC: A Journey to Improve Pediatric Emergency Care.**

*The EMSC Program's 2019 All Grantee Meeting*, held every other year, will be August 19-23, 2019, at the Hilton Crystal City in Arlington, VA. This EMSC Program conference is an opportunity to interact with EMSC colleagues across the grant spectrum. August 19 & 20 are preconference days. The main conference begins on Wednesday, August 21 and will conclude on Friday, August 23.

- **EMSC Town Hall** – 3-4 pm ET, November 13, 2019.

## **Distracted Driving—An Issue for All Sizes of Patients and Providers!** *(From the National Safety Council)*

According to a survey released today by the National Safety Council and the [Emergency Responder Safety Institute](#), 71% of U.S. drivers take photos or videos when they see an emergency vehicle on the side of the road responding to a fire or a crash, or simply making a routine traffic stop. Sixty percent post to social media, and 66% send an email about the situation – all while behind the wheel. Those distracting behaviors are markedly less frequent, but still alarming, during normal driving conditions – 24% of drivers surveyed said they take photos or video while driving, 29% admitted to using social media and 24% said they send email. Worse still, 16% – more than 1 in 10 – said they either have struck or nearly struck a first responder or emergency vehicle stopped on or near the road. In spite of all this, 89% of drivers say they believe distracted motorists are a major source of risk to first responders.

NSC is releasing the survey during [Distracted Driving Awareness Month](#) (observed every April) to raise awareness and educate about the importance of being attentive behind the wheel. Funding for the survey was provided to the Cumberland Valley Volunteer Firemen's Association through the FEMA Fire Prevention and Firefighter Safety Grant Program. "The cruel irony is, we are putting the people who are trying to improve safety in very unsafe situations," said Nick Smith, interim president and CEO of NSC. "Our emergency responders deserve the highest levels of protection as they grapple with situations that are not only tactically difficult but also emotionally taxing. Save your communications for off the road; disconnect and just drive."



Thousands die each year in distracted driving crashes, though NSC investigations show these crashes are significantly [underreported and undercounted](#). Emergency responders are particularly vulnerable, because they exit their vehicles and tend to situations on active roadways. In 2013, 37 people died in crashes involving ambulances, fire trucks or police cars, and an additional 17,028 were injured. Since January, 16 emergency responders have been struck and killed by vehicles. Sadly, 49% of survey respondents said possibly being struck by a vehicle is “just part of the risk” of being a first responder.

“The Emergency Responder Safety Institute was born 21 years ago following the tragedy of two highway incidents that took the lives of first responders who were struck while helping others,” said Greg Yost, President of the Cumberland Valley Volunteer Firemen’s Association, parent organization of the Emergency Responder Safety Institute. “Because of distracted driving, we’ve been focusing our efforts on educating drivers who are often not paying careful enough attention when passing emergency scenes. In 2019, already 16 responders have lost their lives and many others have been injured in these types of crashes,” he added.

Other important findings from the poll include:

- 19% of drivers admit their own inattentive driving has probably put first responders at unnecessary risk
- Despite being willing to engage in risky behaviors while driving around emergency vehicles, 62% say they are “above average” drivers when passing an emergency vehicle with its lights flashing on the side of the road
- 24% do not realize that there are legal requirements for what drivers must do when they see an emergency vehicle on the side of the road
- Even though 97% say they will see an emergency vehicle if it has its flashing lights on, 74% would still like responders to wear reflective clothing
- 80% of drivers say they slow down to get a better look when they see an emergency response vehicle tending to a fire, crash or traffic stop. Doing so backs up traffic and creates other safety hazards.
- Encouragingly, 67% have heard of “Move Over” laws and 73% say they move over when they see an emergency vehicle stopped on the side of the road with its lights on – the proper response on nearly all roadways

“Those that serve the public are exposed to a number of risks, including risks from those that they serve,” said I. David Daniels, chair of the NSC Government and Public Sector Division, which initiated the NSC-ERSI partnership. “These two organizations’ joint efforts will most certainly help increase safety for public sector workers and reduce communities’ costs incurred from vehicle crashes involving public employees.”



The full survey and methodology are available at [nsc.org/firstrespondersurvey](https://nsc.org/firstrespondersurvey). For more information about Distracted Driving Awareness Month, visit [nsc.org/ddmonth](https://nsc.org/ddmonth).

- ***About the National Safety Council***

*The National Safety Council is a nonprofit organization whose mission is to eliminate preventable deaths at work, in homes and communities, and on the road through leadership, research, education and advocacy. Founded in 1913 and chartered by Congress, NSC advances this mission by partnering with businesses, government agencies, elected officials and the public in areas where we can make the most impact.*

- ***About the Emergency Responder Safety Institute***

*The Emergency Responder Safety Institute (ERSI), a Committee of the 118-year-old Cumberland Valley Volunteer Fireman's Association, is an advisory group of public safety leaders and transportation experts committed to reducing deaths and injuries to America's emergency responders while working on the roadways helping others. The ERSI mission includes responder training as well as public education.*

**Deadlines for EMSC Awards by EMS Regional Council:**

Please do what you can to make sure that deserving pediatric advocates (individuals, groups and/or entities) get nominated for these awards! Tristen Graves at OEMS may be a helpful conduit if you do not know where to start ([tristen.graves@vdh.virginia.gov](mailto:tristen.graves@vdh.virginia.gov)).

<u>EMS Regional Council</u>	<u>Application Deadline</u>
Blue Ridge	May 10
Central Shenandoah	April 15
Lord Fairfax	May 31
Northern Virginia	May 1
Old Dominion	April 19
Peninsulas	April 24
Rappahannock	May 15
Southwest Virginia	May 24
Thomas Jefferson	April 17
Tidewater	April 15
Western Virginia	May 31,

## EMSC State Partnership Grant:

- Each state receives only one EMSC State Partnership Grant, and in Virginia, the Virginia Department of Health through the Office of EMS administers the grant. The current grant runs through March 31, 2022 (with the possibility of a 1-year extension), and relies on Congress each year to authorize *specific* budget amounts.
- The EMSC Committee of the EMS Advisory Board advises the EMSC program and assists in developing strategies to make progress toward achieving specific measurable national EMSC Performance Measures. The Committee last met April 4, 2019 at the Embassy Suites Hotel (2925 Emerywood Parkway, Richmond, Virginia 23294), and plans to meet again at the same location July 11, 2019 from 3-5 pm.
- EMSC Coordinator David Edwards attended a workshop lead by the National EMSC data Analysis Resource Center (NEDARC) in late February titled “Using Pediatric NEMSIS Data to Drive Quality Improvement.”

## Suggestions/Questions

Please submit suggestions or questions related to the Virginia EMSC Program to David P.



Edwards via email ([david.edwards@vdh.virginia.gov](mailto: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