

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



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

**August 2, 2019**

# **Executive Management, Administration & Finance**

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

**August 2, 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.

## **I. Executive Management, Administration & Finance**

### **A) Administrative Notes**

- At the time of finishing this report there were no action items from a Standing Committee to be brought forward to the State EMS Advisory Board
- OEMS was not able to insert a section in this report on “EMS on the National Scene.” We apologize for this omission.

### **B) House Bill 1943 (2019) Workgroup - Testing of decedent blood for occupational exposures**

During the 2019 session of the Virginia General Assembly, Delegate Robert Bell introduced **House Bill 1943** in an attempt to address this need. The provisions of the bill would require the Office of the Chief Medical Examiner (OCME) to develop a process to collect and test specimens when first responders are directly exposed to blood pursuant to § 32.1-45.1. This section of the Code pertains to living people and would require the OCME to collect specimens and conduct hepatitis B and C, and HIV testing accordingly.

The bill underwent significant modification and was tabled by the House Committee on Health, Welfare and Institutions (HWI) by voice vote with the request that the OCME coordinate a work group to study the issues that were identified. The fiscal impact on current OCME operations must consider the cost to purchase collection materials and submit samples to an appropriate

laboratory for testing. Because the OCME does not have data on the average number of cases that occur in the Commonwealth in which first responders are directly exposed to blood requiring hepatitis B or C, and HIV testing, the fiscal impact of this bill could not be determined.

The opportunity exists to take this proposed legislative effort and conduct a study to determine its feasibility and develop a plan for implementation. As with other such efforts, VDH welcomes expertise from the first responder and healthcare community to help inform next steps. The EMS Provider Health and Safety Committee and the Legislative and Planning Committee of the state EMS Advisory Board can provide valuable recommendations on next steps.

HB1943 directed the Chief Medical Examiner to (i) establish a process for the collection and testing of blood samples of a person deemed to have consented to testing in cases in which a law-enforcement officer, firefighter, or emergency medical services provider is directly exposed to the blood of such person in a manner to ensure that may transmit human immunodeficiency virus or hepatitis B or C viruses and (ii) take steps to ensure that all law-enforcement agencies, fire companies and departments, and emergency medical services agencies in the Commonwealth are aware of such process.

On Thursday, July 18, the OCME hosted a meeting of key stakeholders to discuss the issues currently revolving around the collection and testing of specimens of decedents when a law-enforcement officer, firefighter or emergency medical services provider is directly exposed.

Key stakeholders who attended this meeting included:

- Office of the Chief Medical Examiner
- Division of Legislative Services
- Office of Emergency Medical Services
- EMS Advisory Board Representative
- Virginia Department of Fire Programs
- Virginia Association of Chiefs of Police
- Virginia Department of State Police
- Virginia Sheriff's Offices
- Office of the Attorney General

Some questions that were discussed:

1. How does your organization handle exposures to living and deceased people?
2. Are there any existing federal, state or local laws that regulate your process?
3. What challenges or issues do you run into for the testing of specimens for living and deceased people? Is one more difficult than the other (living vs deceased specimens)?

The work group concluded this issue is layered and complex and will require additional meetings to develop recommendations for legislative actions.

*The following information was prepared and submitted to OCME prior to the July 18 work group meeting.*

**EMS providers exposed to the blood of a deceased patient.**

At the February 8 meeting of the state EMS Advisory Board, member Ms. Valerie Quick raised concern to Dr. Parham Jaber, Chief Deputy Commissioner, regarding the testing of a deceased patient who may have exposed a first-responder to a blood borne pathogen. This prompted some follow-up correspondence between Ms. Quick and the state's Office of Chief Medical Examiner (OCME) that follow.

Do hospitals have a responsibility for patients that die in the pre-hospital setting? In many cases, clinical laboratories within the hospital are not certified to run blood samples from a patient that dies in the pre-hospital setting. Questions arise about who has access to cadaver patients, etc. This multifaceted problem affects both hospitals and EMS providers.

Most labs are not certified to run cadaver blood. There are only a couple of labs in the US that are certified to run tests on cadaveric blood. This became known last year when a local EMS Designated Infection Control Officer (DICO) had blood drawn on a cadaver by the medical examiner's office that was sent to Richmond.

It was found that there is no expectation that lab results would be provided in accordance with the law (Ryan White Act, Part G)." The law is written that a medical facility treating the victim and/or determining cause of death must respond to the request to test source blood within 48 hours. If a medical facility representative cannot be reached, they must engage the "Public Health Officer" for help in collecting and determining the facts.

Some of the issues that have been identified:

1. If a death is pronounced in the field, either the Medical Examiner or Hospital Medical Command is involved in that declaration. In either case, would this be the "medical facility treating the victim and/or determining cause of death" responsible to respond to the request for blood?
2. Who is legally able to draw blood on the cadaver? In Virginia, we have different ways of doing this; duty officers, EMS providers and Medical Examiners have all been a part of this process. Does this violate any legal issues for decedents?
3. Results are to be given within 48 hours. This is partly due to the need of prophylactic treatment but is also referred to in the Ryan White Act. How do we ensure timely blood draw and results?
4. Many hospitals have resulted cadaveric blood. Many did not know that they actually had tested cadaveric blood. In some cases, positive results caused a review of manufacturer recommendations that lead to the conclusion that it was not a valid test. Issues exist across the state with process and validation.

5. Hospitals have not been certified to test cadaver blood. Some hospitals have arranged for Mayo Lab to run the blood. UVA, VCU, Sentara Martha Jefferson Hospital and Augusta Medical Center have the same issues.
6. Only a few labs can test cadaveric blood. If they are not local (the closest is LabCorp in Burlington, NC), there may be a delay in processing. This would mean the 48-hour rule could not be met and the EMS provider would need to be treated with anti-virals until the results came back.  
Dr. William Gormley, Chief Medical Examiner and Dr. Jaber share concerns about the lack of testing capability across Virginia in such situations and the challenges faced (i.e. time lag) when such samples must be sent out of state.
7. Some hospitals have committed to getting this process certified but it will take some time. Will other hospitals do this?
8. This is not just an emergency responder issue. What about pathology, funeral homes or other entities that may handle a cadaver? If they get a needle stick or exposure to organs or potential infectious material, they need to be tested.
9. There is not a uniform process for field deaths. It was noted UVA is currently working on two algorithms. One scenario would be if the body is at UVA and the other scenario would be if someone could draw the blood and bring it to UVA. UVA has agreed to test it.
10. This is a complicated process that varies greatly and needs some standard work and education going forward. VA Office of EMS requires certain training for DICOs but many times an EMS agency only has one DICO with limited training for complicated situations. The DICO is technically responsible for submitting in writing these requests to the medical facility. This is problematic for the state.

Some suggested recommendations to address these issues are:

- Labs throughout the state must have the ability to test cadaver blood for HIV/Hep B/HepC
- Standard procedures and algorithms for DOA exposures should be developed.
- Localities should form a group of Designated Infection Control Officers for full 24-hour coverage and consultation in complex cases. This would require agreements for confidentiality and affiliation for each of the DICOs.

- Local hospitals, employee health & worker's compensation organizations should work with DICO Committee to provide medical advice, counseling, lab services and treatment.

As indicated in the Ryan White Act, Appendix G, if the victim dies at or before reaching the medical facility, the medical facility or public health officer are responsible for responding to the request for exposure determination. This entity must be clearly identified and mandated to test based on evidence presented.

There are a lot of supporting documents and Katherine West (Infection Control/Emerging Concepts) (<https://www.ic-ec.com/>) is incredibly knowledgeable about these laws and infection control processes. Katherine feels this is all clearly defined in the laws, however; because there is not a clearly defined process, some ambiguity exists.

<https://www.cdc.gov/niosh/topics/ryanwhite/>

[https://www.cdc.gov/niosh/topics/ryanwhite/pdfs/Figure-3\\_9-20-10.pdf](https://www.cdc.gov/niosh/topics/ryanwhite/pdfs/Figure-3_9-20-10.pdf)

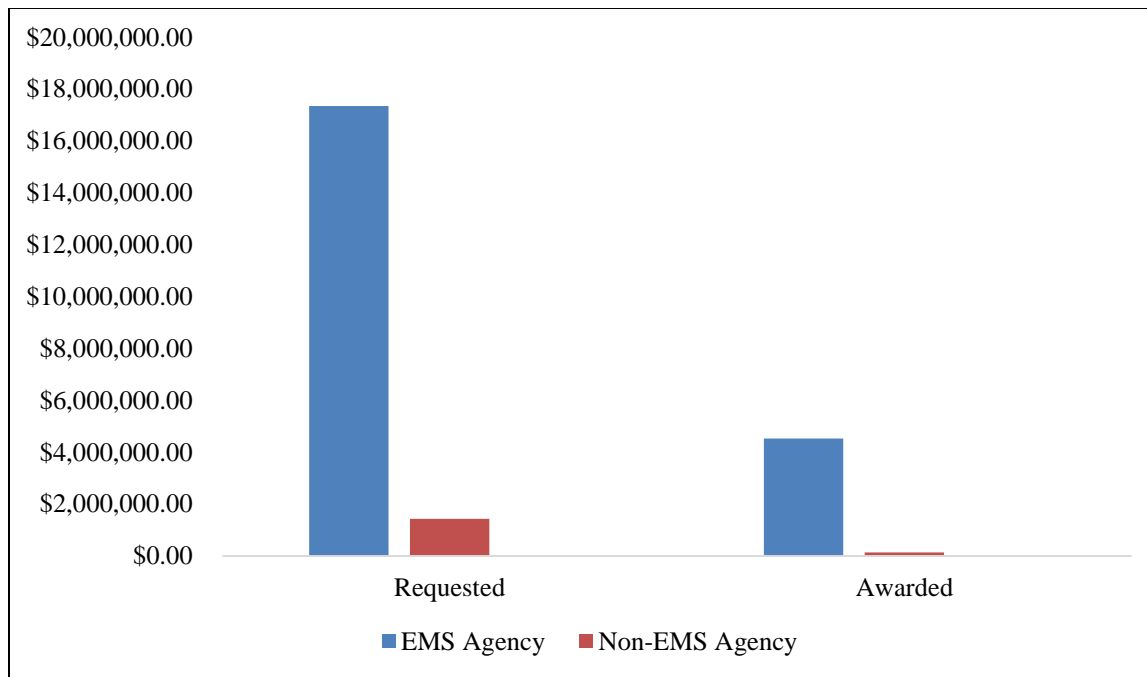
### **C) Financial Assistance for Emergency Medical Services (FAEMS) Grant Program, known as the Rescue Squad Assistance Fund (RSAF)**

The deadline for the Spring Rescue Squad Assistance Fund (RSAF) Grant Cycle was March 15, 2019. OEMS received grant applications from 148 agencies requesting \$18,748,335.39 in funding. OEMS awarded 91 agencies a total of \$4,663,683.08 in grant funding. Approximately 61% of agencies received awards.

The following agency categories received grant awards:

- 88 EMS Agencies awarded \$4,530,157.91
- 3 Non-EMS Agencies awarded \$133,525.17

**Figure 1: Agency Category by Amount**

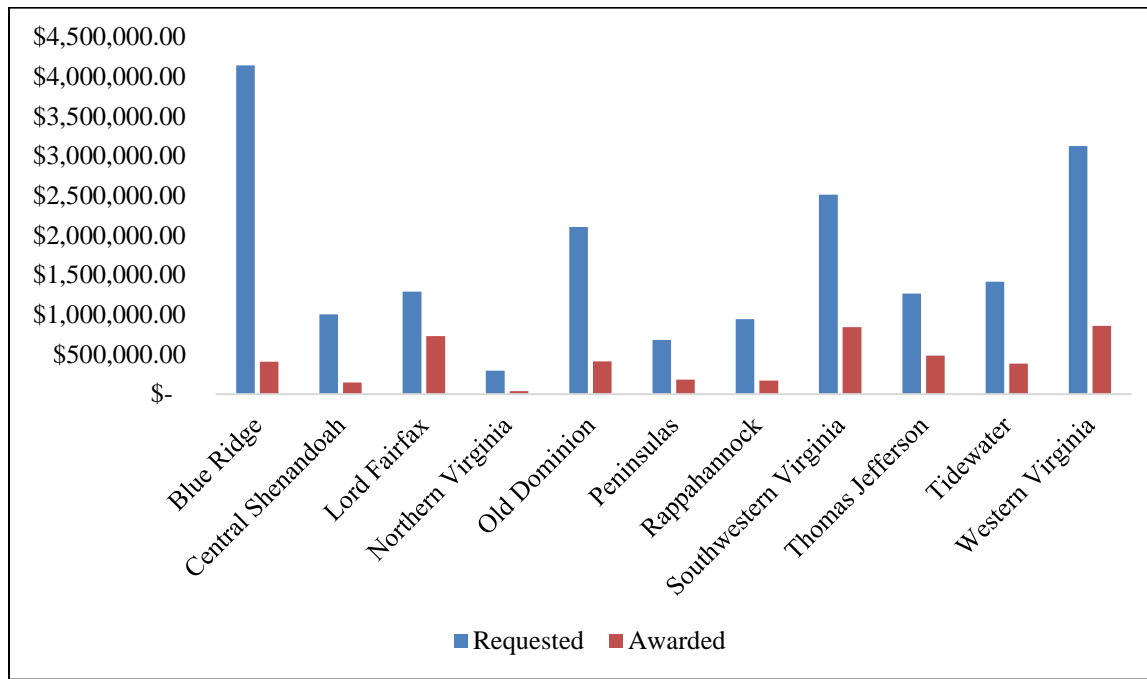


Virginia's 11 EMS regions received the following total amounts of grant funding this cycle:

- Blue Ridge – \$409,310.25
- Central Shenandoah - \$144,687.19
- Lord Fairfax - \$729,538.34
- Northern Virginia - \$38,576.09
- Old Dominion - \$413,975.02
- Peninsulas - \$180,885.78
- Rappahannock - \$168,806.94
- Southwestern Virginia - \$844,331.18
- Thomas Jefferson - \$486,693.54
- Tidewater - \$385,511.94
- Western Virginia - \$861,366.81



**Figure 2: Regional Area by Amount**

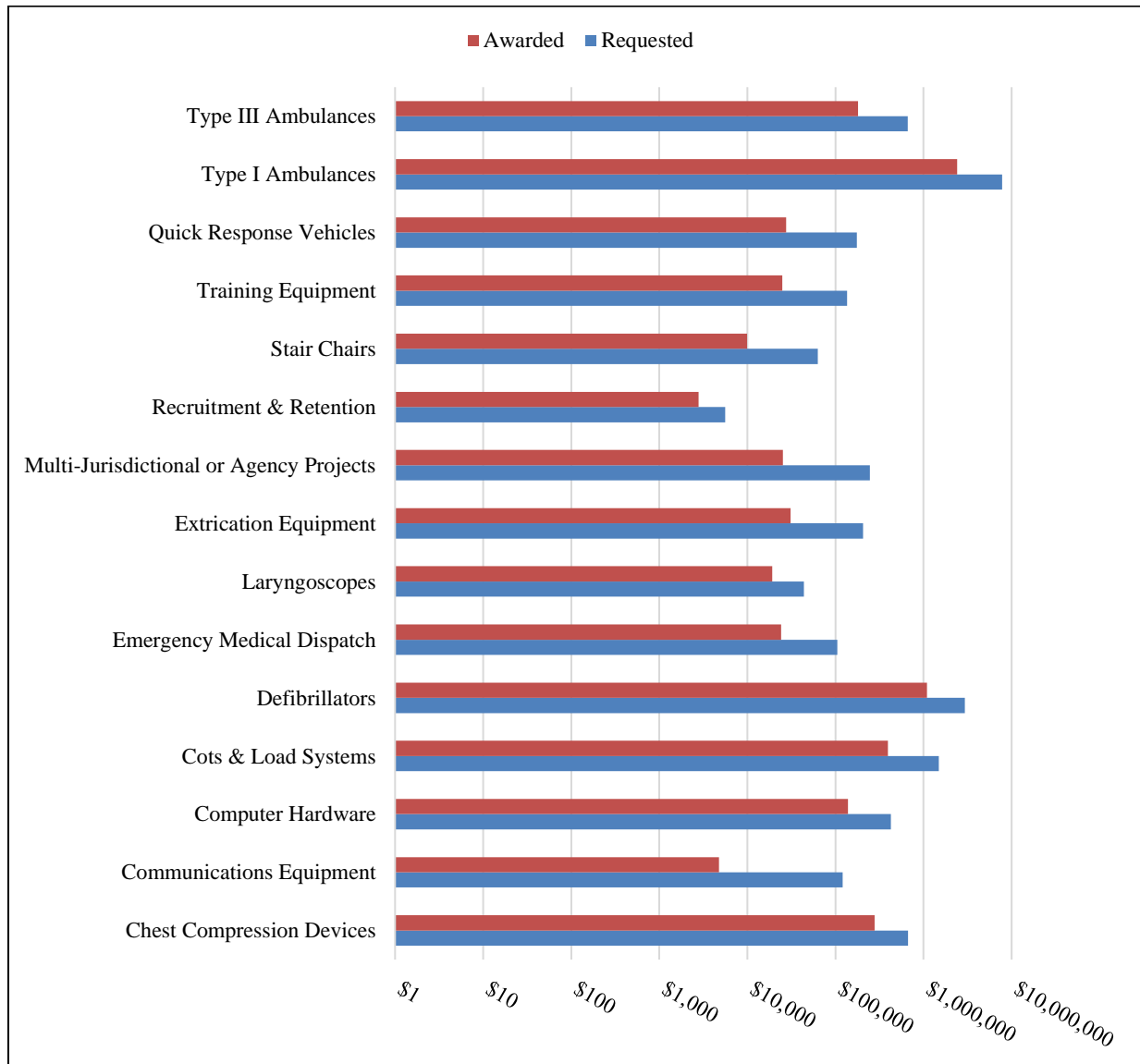


Agencies received RSAF grants to purchase the following equipment categories:

- Chest Compression Devices - \$270,625.94
- Communications Equipment- \$4,748.00
- Computer Hardware - \$128,039.83
- Cots & Load Systems - \$399,974.88
- Defibrillator - \$1,110,615.91
- Emergency Medical Dispatch - \$24,225.17
- Laryngoscopes - \$19,086.17
- Extrication Equipment- \$31,010.13
- Multi-Jurisdictional or Agency Projects - \$25,207.20
- Recruitment & Retention - \$2,795.97
- Stair Chairs - \$11,520.00

- Training Equipment - \$24,982.28
- Quick Response Vehicles - \$27,500.00
- Type I Ambulances - \$2,403,351.60
- Type III Ambulances - \$180,000.00

**Figure 3: Item by Amount**



The RSAF Spring Cycle Awards Meeting was June 6, 2019. The Financial Assistance Review Committee (FARC) recommended the above grant projects to the Health Commissioner for final approval. OEMS released award notifications on July 1, 2019. The next RSAF grant cycle will open on August 1, 2019, and the deadline will be September 16, 2019.

# **Division of Accreditation, Certification and Education (ACE)**

## **II. Accreditation, Certification and Education (ACE)**

### **Committees**

- A. The Training and Certification Committee (TCC): The Training and Certification Committee met on July 10, 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 July 11, 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 continues under Letter of Review pending their accreditation site visit.
    - b) Fauquier County is under a Letter of Review to allow their first cohort class to take place.
    - c) Hampton Roads Regional EMS Academy has submitted documentation for accreditation. Their Letter of Review will be issued to allow their first cohort to occur.
    - d) Rockingham County Dept. of Fire and Rescue has submitted documentation for accreditation. Their Letter of Review will be issued to allow their first cohort to occur.
    - e) Augusta County has submitted documentation for accreditation. Their Letter of Review will be issued to allow their first cohort to occur.
    - f) Gloucester Volunteer Fire and Rescue has submitted documentation for accreditation. Their Letter of Review will be issued to allow their first cohort to occur.

## 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) 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).
- c) 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.
- d) 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.

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 was conducted on June 26<sup>th</sup> and 27<sup>th</sup>.
- c) Blue Ridge Community College has been issued their LOR from CoAEMSP and is enrolling students for 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 at Radford University-Carilion in Roanoke, Virginia. Due to timelines required for the submission of this report, we do not have data to report on the number of EC Candidates completing this institute. Updated information will be provided in your November 2019 report. The Office extends a special thank you



to J.C. Cook for arranging the location for the institute. Subsequent EC Institutes will be scheduled based on the number of institute eligible candidates. Tentative dates for future institutes are January 2020, June 2020 and September 2020 as the Division returns to its previous schedule of holding three (3) Education Coordinator Institutes per year. More information can be found at:

<http://www.vdh.virginia.gov/emergency-medical-services/ems-education-coordinator-requirements/>

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 804-888-9124.
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.

#### B. EMS Educator Updates:

The office has held two updates since May 2019—one in the REMS Region in May and one in WVEMS Region in June. 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 (Q1-Q4)**

Certification Level	No. Awarded	Amount Awarded
EMR	--	--
EMT	309	\$163,353.00
AEMT	69	\$46,408.00
Paramedic	115	\$342,626.00
<b>Grand Total</b>	<b>493</b>	<b>\$554,387.00</b>

Table. 2 – EMS Training Funds CE & Auxiliary Program Funding - FY19 to Date					
Council	Q1	Q2	Q3	Q4*	Total \$ Reimbursed
BREMS	\$ -	\$ -	\$420.00	\$700.00	\$1,120.00
LFEMS	\$ -	\$960.00	\$1,617.50	\$105.00	\$2,682.50
NVEMS	\$32,395.10	\$11,375.00	\$17,640.00	--	\$61,410.10
ODEMSA	\$9,662.50	\$13,645.00	\$40,082.50		\$63,390.00
PEMS	\$8,825.00	\$9,257.50	\$19,575.00	\$7,092.50	\$44,750.00
REMS	--	--	\$1,190.00	\$1,120.00	\$2,310.00
SWEMS	\$6,370.00	\$12,240.00	\$16,855.00		\$35,465.00
TEMS	\$3,120.00	\$8,520.00	\$19,030.00	\$6,933.50	\$37,603.50
TJEMS	\$980.00	\$1,260.00	\$1,120.00	\$1,750.00	\$5,110.00
WVEMS	\$13,710.00	\$8,470.00	\$4,992.50		\$27,172.50
<b>Grand Total</b>	<b>\$75,062.60</b>	<b>\$65,727.50</b>	<b>\$122,522.50</b>	<b>\$17,701.00</b>	<b>\$281,013.60</b>

\* Invoices for Q3 deliverables are not due until July 30, 2019, therefore there is some missing data.

#### A. EMS Scholarship Program

- 1) The Virginia EMS Scholarship Program closed FY19 on June 4, 2019 as the Office and the Virginia Department of Health began the process of closing out the fiscal year. The FY20 application year started on June 5, 2019 and is currently active. The EMSSP supports students who are accepted into an eligible Virginia approved initial certification program—EMR, EMT, AEMT and Paramedic.
- 2) 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. New Statewide Continuing Education (CE) Program

- The Virginia Department of Health Office of Emergency Medical Services (OEMS) announced during National EMS Week on May 23, 2019 that it has started the process of contracting with certified EMS educators statewide to be a part of a new, innovative approach to providing continuing education (CE) to both volunteer and career EMS providers across the Commonwealth.
- These contract employees will work under the direction of the Division of Accreditation, Certification and Education to provide innovative continuing education programming for the more than 35,817 certified EMS providers who serve the citizens of the Commonwealth of Virginia. This new approach to continuing education will allow these educators the autonomy to conduct education on topics of local need and interest as well as ensure that a core set of courses covering state

identified topics based on emerging trends and data are made available to EMS providers.

- For more information on this program and an explanation as to how this program came to replace the Regional Council based Auxiliary and Continuing Education (CE) MOU, please see **Appendix A**.

### **Other Activities**

- Debbie Akers is serving on the committee to rewrite the Education Standards and Instructional Guidelines. The first draft of the proposed Education Standards will be released for public comment in the next few weeks.
- Debbie Akers participated in the practice analysis with National Registry in May.
- Debbie Akers will be attending the National Association of EMS Educators conference from July 30 – August 5 serving as the volunteer liaison for the conference attendees and to recruit future speakers for the Virginia EMS Symposium.

# **Division of Community Health and Technical Resources**



### **III. Division of Community Health and Technical Resources**

#### **CHaTR Website**

The CHaTR division has its 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 Q4 reports throughout the month of July, 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 applied for redesignation, with a deadline for applications of Monday, October 1, 2018. Site reviews of all applicant entities were conducted between April 3 and May 1, 2019. The site review team consisted of the following individuals:

**R. Jason Ferguson**

Associate Professor  
Public Safety Programs Head  
Central Virginia Community College  
Member, State EMS Advisory Board  
Board Member, Blue Ridge EMS Council

**Brian Hricik**

EMS Battalion Chief  
Alexandria Fire Department  
Past Member, State EMS Advisory Board  
Past President, Northern Virginia EMS Council

**Larry A. Oliver**

Deputy Chief, Frederick County Fire and Rescue Department  
Past Member, State EMS Advisory Board  
Vice President, Lord Fairfax EMS Council

**Christina J. Skinner**

EMS Coordinator, Mary Washington Healthcare  
Past Executive Director, Rappahannock EMS Council

Based on the applications received, as well as the site reviewer reports, the OEMS recommended the following to the Board of Health at the June 6, 2019 meeting.

- Blue Ridge EMS Council – Service area including the counties of Amherst, Appomattox, Bedford and Campbell, and the cities of Bedford and Lynchburg.
- Lord Fairfax EMS Council – Service area including the counties of Clarke, Frederick, Page, Shenandoah, Warren, and the city of Winchester.
- Northern Virginia EMS Council – Service area including the counties of Arlington, Fairfax, Loudoun, and Prince William; and the cities of Alexandria, Fairfax, Falls Church, Manassas, and Manassas Park.
- Old Dominion EMS Alliance\*\* – Service area including the counties of Amelia, Brunswick, Buckingham, Charles City, Charlotte, Chesterfield, Cumberland, Dinwiddie, Halifax, Hanover, Henrico, Goochland, Greensville, Lunenburg, Mecklenburg, New Kent, Nottoway, Powhatan, Prince Edward, Prince George, Surry, Sussex; the cities of Colonial Heights, Emporia, Hopewell, Petersburg, and Richmond; and the towns of Ashland, Farmville, South Boston, and South Hill.
- Peninsulas EMS Council – Service area including the counties of Essex, Gloucester, James City, King and Queen, King William, Lancaster; Mathews, Middlesex, Northumberland, Richmond, Westmoreland, York, and the cities of Poquoson, Hampton, Newport News and Williamsburg.
- Rappahannock EMS Council – Service area including the counties of Caroline, Culpeper, Fauquier, King George, Orange, Rappahannock, Spotsylvania, and Stafford; the town of Colonial Beach and the city of Fredericksburg.
- Southwest Virginia EMS Council – Service area including the counties of Bland, Buchanan, Carroll, Dickenson, Grayson, Lee, Russell, Scott, Smyth, Tazewell, Washington, Wise and Wythe and the cities of Bristol, Galax, and Norton.
- Thomas Jefferson EMS Council – Service area including the counties of Albemarle, Fluvanna, Greene, Louisa, Madison, Nelson, and the city of Charlottesville.
- Tidewater EMS Council – Service area including the counties of Accomack, Isle of Wight, Northampton, and Southampton, and the cities of Chesapeake, Franklin, Norfolk, Portsmouth, Suffolk, and Virginia Beach.

- Western Virginia EMS Council – Service area including the counties of Alleghany, Craig, Botetourt, Floyd, Franklin, Giles, Henry, Montgomery, Roanoke, Patrick, Pittsylvania, and Pulaski; and the cities of Covington, Danville, Martinsville, Radford, Roanoke, and Salem.

A map outlining the recommended service areas accompanies this cover. OEMS recommends a designation term of no less than three (3) years, commencing on July 1, 2019.

\*In 2018, VDH OEMS was approached by the Board of Directors of the Central Shenandoah EMS (CSEMS) Council to take over the contract funded duties of the Council. OEMS has entered into a Memorandum of Understanding with CSEMS to create the first Regional State Office in Virginia. The Office of EMS has completed a recruitment for the CSEMS Regional Program Manager position and interviews are scheduled to take place soon.

\*\*The Old Dominion EMS Alliance (ODEMSA) designation is conditional for one year, or until the organization provides OEMS with proof of a new permanent office location.

The Board of Health unanimously voted to approve the Regional EMS Council redesignation recommendations on June 6, 2019. The new term of designation began on July 1, 2019.

OEMS staff attended Regional EMS Council awards programs throughout the quarter.

## **Medevac Program**

The Medevac Committee is scheduled to meet on August 1, 2019. The minutes of the May 2, 2019 meeting are available on the OEMS website linked below:

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

The amount of data submitted to the Medevac Helicopter EMS application (formerly known as WeatherSafe) continues to grow. In terms of weather turndowns, there were 508 entries into the Helicopter EMS system in 2Q of the 2019 calendar year. 57% of those entries (291 entries) were for interfacility transports, which is consistent with information from previous quarters. The total number of turndowns is a decrease from 717 entries in 2Q of 2018. This data continues to demonstrate a commitment to the program and 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.

The Office of EMS has developed a form that is intended for a health care provider to notify a patient or his/her authorized representative that the health care provider is requesting air medical transport for the patient who may not have an emergency medical condition.

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 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, regulation, and the cost of providing air medical services.

## 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 their 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. OEMS Staff has been receiving feedback from EMS Advisory Board committee chairs and are incorporating that information into the draft of the revised plan. The draft plan will be available for public comment in late August, with an anticipated presentation to the state EMS Advisory Board at their November 2019 meeting.

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

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

## EMS Workforce Development Committee

The EMS Workforce Development Committee is scheduled to meet on August 1, 2019. The minutes of the May 2, 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 has been filled by Valerie Quick. Mr. Cody Jackson has been named vice-chair. The committee also welcomes Christopher Payne, Division Chief of Technical Services for U.S. Navy Mid-Atlantic. One of the goals for the committee includes introducing military and veterans into the Virginia EMS workforce. The committee looks forward to working with Chief Payne as he brings this new dynamic to the committee.

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 held 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 students attending. The next offering was a 4-hour/4 session offering at the Central Shenandoah EMS Council (CSEMS) held over a three week period in May – June, with 24 students attending. The format proved to be successful, and will be used in the future. An additional offering was held on June 7-8, 2019 at the VAVRS Rescue College in Blacksburg, VA, with 24 students attending.

EMS Officer I will be offered in conjunction with the VAVRS/VSFA First Responder Virginia Convention 2019 in Hampton, VA on August 7 and 8, and at the 2019 Virginia EMS Symposium on November 6 and 7. The online education portion of EMSO1 has been formatted onto a Learning Management System (LMS) and will be utilized for these classes.

### **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 a strong, viable and resilient EMS agency.

All documents related to the SoE program can be found on the OEMS website at the link below:  
<http://www.vdh.virginia.gov/emergency-medical-services/virginia-standards-of-excellence-program/>

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

The Virginia Recruitment and Retention Network met in conjunction with the Virginia Fire Chief's Conference in Virginia Beach on 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 promotion of the Recruitment and Retention Network's upcoming Keeping the Best! EMS Workforce Retention 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. In the coming months, links to pertinent reference documents will be added to the page.

## **System Assessments**

CHaTR staff assists the Virginia Department of Fire Programs (VDFP) with evaluations of the Fire and EMS systems in localities in Virginia.

The next study is being held in Southampton County, September 25-27, 2019.

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 (OHE) to perform assessments of EMS systems that have Critical Access Hospitals (CAH) in their service areas in 2019-20.

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

The MIH/CP workgroup that was created in 2015 reconvened on September 19, 2018, with Dr. Allen Yee again serving as chair. The workgroup met on May 30, June 25, and July 23, 2019.

View previous meeting minutes at the link below:

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

OEMS is collaborating with the VDH Office of Health Equity to hold a one-day MIH/CP Summit. The summit will be held at the Holiday Inn – Monticello in Charlottesville on August 16, 2019. The summit’s agenda includes several focused presentations by both local and national subject matter experts.

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 attended the National Rural EMS and Care conference in Charleston, SC on April 17 and 18, 2019.

# **Division of Consolidated Testing & Video Production**

## **IV. Division of Consolidated Testing and Video Production**

### **Retirement**

Warren Short, former manager of the Division of Educational Development and current manager of the Division of Consolidated Testing and Video Production has announced his retirement effective October 1, 2019. Warren is one of the longest tenured employees at the Office of EMS and has been instrumental in the development of EMS education and training programs in VA. In addition, he has been involved in creating the EMS Portal. The portal creates a secure and powerful gateway to information, data and reports related to EMS provider profiles, continuing education, recertification eligibility, EMS agency affiliation, and certification test eligibility. The portal also grants access to important information necessary to serve as an EMS Physician, EMS Education Coordinator, EMS agency official, regional EMS Council, registration for EMS Symposium, application and award information for financial assistance to EMS agencies (a.k.a. RSAF).

Warren is on annual leave until immediately prior to his retirement date. His loyal service and contribution to improving EMS in the Commonwealth is greatly appreciated.

### **Psychomotor Examination Guide**

After months of updating and review the 2019, Psychomotor Examination Guide (PEG) is complete. This manual produced by the Virginia Office of Emergency Medical Services (OEMS) is to promote the use of standard and uniform criteria for Emergency Medical Responder (EMR) and Emergency Medical Technician (EMT) psychomotor examinations offered in the Commonwealth.

The Office of EMS believes that the psychomotor examinations should be cost-effective while continuing to assure protection of the public through adequate measurement of minimal skill competencies. Additionally, the Office of EMS is cognizant of the fact that we need to keep our testing philosophies consistent between levels whenever possible. Each of the skills included in the psychomotor examination are based upon the frequency of use in day-to-day, out-of-hospital care as well as the potential of harm they pose to public safety and patient care.

The evaluator essays, evaluator and candidate orientations and many of the forms have been updated. Test site coordinators and OEMS examiners are replacing current versions of the PEG with the updated materials.

# **Division of EMS Emergency Operations**

## **V. Division of EMS Emergency Operations**

### **Division of Emergency Operations Staff Members**

Office Number for Staff Members 804-888-9100

Karen Owens	Emergency Operations Manager, Staff Support – Provider Health and Safety Committee karen.owens@vdh.virginia.gov
Sam Burnette	Emergency Services Coordinator, Emergency Operations Training Programs samuel.burnette@vdh.virginia.gov
Rich Troshak	Emergency Operations Specialist, Emergency Medical Dispatch Accreditation Program Staff Support - Communications Committee richard.troshak@vdh.virginia.gov
Caron Nazario	Emergency Planner, Staff Support - Emergency Management Committee caron.nazario@vdh.virginia.gov

### **Operations**

- **Emergency Operations Welcomes a New Staff Member**

The Division of Emergency Operations welcomed Caron Nazario in the Emergency Planner position this quarter. Mr. Nazario comes to us from the Crater Health District where he served as a Health Educator/Community Education Specialist as well as a Program Support Specialist for the Crater Health District Office of Emergency Preparedness & Response. While in that position he assisted with exercise development of exercises, assisted in emergency preparedness training, and assisted in developing emergency plans. Mr. Nazario is also a Medical Service Corps Officer and Combat Medic with the United States Army where he is responsible for coordinating medical care for service members and patient evacuation planning. He holds a B.S. from Virginia State University and numerous emergency management focused certifications from FEMA.

Caron will be responsible for maintain the Office of EMS Continuity of Operations Plan, Virginia Emergency Support Team (VEST) coordination and management, emergency planning, and the EMS Emergency Management Committee as well as other emergency planning and emergency operation needs.

- **HMERT Thomas Jefferson 2 Deployment**

Health and Medical Emergency Response Team – Thomas Jefferson 2 (TJ-2) deployed the weekend of July 12-14 in support of the Mission of Mercy (MOM) event. The MOM event provides dental care to citizens of the Commonwealth in rural Western Virginia. The team recorded 80 patient contacts with no transports.

- **Radio System Upgraded to P25 Digital Capability**

Rich Troshak and Sam Burnette successfully upgraded and programmed the Division of Emergency Operations' deployable radio cache to P25 Phase I digital capability. The radio cache, which includes two transportable repeaters, a mobile radio for communications center operations, and approximately 80 portables, will now be able to use both analog and digital capabilities during events and deployments.

- **Virginia Emergency Support Team Exercise (VESTEX)**

Karen Owens represented the Virginia Department of Health – Office of EMS at the annual VESTEX held at the state Emergency Operations Center on May 7, 2019. The exercise provides an opportunity for state agencies and localities to test their response capabilities and improve their response plans.

- **Active Shooter Exercise Evaluator – Chesterfield County**

Sam Burnette served as an invited exercise controller for an active shooter exercise held by Chesterfield County on July 25, 2019.

- **Regional Mass Casualty Tabletop**

On May 15, 2019, Karen Owens participated in a tabletop exercise in Williamsburg. The purpose of the tabletop was to discuss the complexities of multiple MCI events and the integration of different regional and agency MCI plans. The tabletop was part of a study supported by Tidewater, Peninsulas, and Old Dominion EMS regional councils, as well as regional hospital coordination centers.

<b>Committees/Meetings</b>
----------------------------

- **Communications Committee**

The State EMS Advisory Board's Communications Committee met on May 3, 2019 in Henrico, Virginia. Rich Troshak delivered a presentation on the status of emergency medical dispatching in the Commonwealth. OEMS and the Communications Committee will continue to work collaboratively to promote EMD to 911 centers.



Rich, along with Sam Burnette, worked closely with the Committee and the Virginia Chapter of APCO to change the date and location of the next Communications Committee meeting to October 22, 2019 in Roanoke, Virginia at the Virginia Fall APCO Conference. This will allow members of the Committee to network with 911 center managers and personnel, perhaps attend some informational sessions, and meet with 911 technology vendors.

- **EMS Emergency Management Committee**

The EMS Emergency Management Committee met on May 2, 2019 in conjunction with the quarterly EMS Advisory Board meeting. A review of a Highly Contagious Infections Disease (HCID) exercise was provided.

- **EMS Staff Meeting**

On May 10, 2019, Karen Owens, along with other members of the Office of EMS staff including the Director, Business Manager, Assistant Director, Trauma and Critical Care Manager, and Accreditation, Certification, and Education Manager, attended a meeting in Washington D.C. The meeting provided an opportunity for Virginia OEMS staff to interact with staff from the EMS Offices of Washington DC and Maryland.

- **Provider Health and Safety Committee**

The Provider Health and Safety Committee met May 3, 2019 in conjunction with the quarterly EMS Advisory Board meeting. The meeting focused on the issue with blood testing following exposure to decedent blood and the steps we can take to decrease occurrence of exposure.

- **Hurricane Evacuation Coordination Workgroup**

Sam Burnette attended a Hurricane Evacuation Coordination Workgroup meeting held at the James City County Law Enforcement Center on June 26, 2019. An update was provided on the latest hurricane evacuation study being conducted by the Commonwealth of Virginia.

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

The Division of Emergency Operations staff continue to work with the Office of Emergency Preparedness to develop community based emergency response seminars offered throughout the Commonwealth. The 2019 training focuses on Chempack deployment. Planning for the 2020 seminars is focused on mental health and self-care.

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

- **Mass Casualty Incident Management (MCIM) Training**

On Monday May 20, 2019 Sam Burnette, monitored the delivery of a Mass Casualty Incident Management I and II course held by the Hopewell Fire & Rescue Department. The class, attended by 5 students, was specifically delivered to the department's ALS Specialists and

included a tabletop exercise. The next day, Hopewell Fire & Rescue responded to a bus incident and some of the students who attended utilized the skills learned in class for triage and patient tracking.

- **Fusion Liaison Officer (FLO) Training Program Assistance**

Sam Burnette aided the Virginia State Police (VSP) in the delivery of a Fusion Liaison Officer training class held at the Spotsylvania County Public Safety Building on May 13, 2019. He delivered two presentations – “Suspicious Activity Reporting” and “Public Health/EMS Intelligence”. The course participants include law enforcement and fire/EMS personnel from the Northern Virginia area.

- **Virginia NENA/APCO Spring Conference**

Rich Troshak and Sam Burnette attended the 2019 NENA/APCO Spring Conference held in Virginia Beach on May 8-10, 2019. Rich delivered a presentation “Emergency Medical Dispatching: The Standard of Care” which discussed EMD protocols, liability, benchmarking, grant opportunities, and the OEMS EMD Accreditation program. The two also attended a variety of other presentations on topics which included computer security for 911 centers and disaster planning for 911 centers.

- **NCBRT: Readiness: Training Identification and Preparedness Planning**

Sam Burnette and Caron Nazario attended the National Center for Biomedical Research and Training (NCBRT) Readiness: Training Identification and Preparedness Planning training course held at the Virginia Emergency Operations Center on July 8-9, 2019. The program is designed to aid localities and regions develop training programs based on training gaps based on their emergency operations plans.

- **NCBRT: Complex Coordinated Terrorist Attack**

On July 10-11, 2019 Sam Burnette and Rich Troshak, attended Critical Decision Making for Complex Coordinated Attacks (CCA) training at the Virginia Emergency Operations Center (VEOC). The training program is designed for jurisdictions and regions to determine their vulnerabilities in responding to a coordinated terrorist attack which may be outside the plans associated with a singular event and how to coordinate and cooperate with other agencies and disciplines on managing the events.

- **HURREVAC Training**

Sam Burnette attended training on the HURREVAC software held at VDEM Region 5 Headquarters in Suffolk, Virginia. HURREVAC is a decision support tool administered by FEMA and NOAA which provides information related to evacuations, pre-deployment, and response/recovery operations for a hurricane.

Karen Owens attended similar HURREVAC training at the state Emergency Operations Center on July 30, 2019. OEMS staff utilize the program to assist in planning and responding to tropical storm incidents in the Commonwealth.

- **VDH Military Culture Competency and Suicide Prevention Training**

Karen Owens and Caron Nazario participated in a webinar focused building a stronger mental health response for military in Virginia. The training was a part of the Governor's challenge to open up dialogue regarding best practices for suicide prevention among Military Service Members, Veterans, and Families (SMVF).

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

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

Sam Burnette and Rich Troshak attended the SIEC meeting hosted at the Virginia Department of Fire Programs on June 27, 2019. Statewide Interoperability Coordinator Thomas Crabbs worked with the committee on rating the Commonwealth on the key areas selected during the Statewide Communications Interoperability Plan update workshop held in Charlottesville in April 2019. Mr. Troshak took part in the 2019 Interoperability Grant Proposals scoring workshop immediately following the meeting.

<b>Provider Mental Health</b>
-------------------------------

- **CISM Regional Council Reports**

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

# **Division of Public Information and Education**

## **VI. Division of Public Information and Education**

### **Public Relations**

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

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

The “Make the Call” campaign officially launched April 10, 2019, via social media. Following the launch, an email to our listserv was sent out announcing the campaign and print materials were created to be shared with first responders across Virginia. Additional promotion for this campaign included the submission of an article in May to the Commonwealth Chiefs magazine. For more information about this campaign, visit [www.vdh.virginia.gov/makethecall](http://www.vdh.virginia.gov/makethecall).

Since the launch of this campaign, there have been 1,521 views (English version) and 44 views (Spanish version) directly through the YouTube site. The video was also shared by the Richmond Ambulance Authority’s Facebook page, which went viral with more than 35,000 combined views and over 700 post shares on the Richmond Ambulance Facebook post. OEMS partnered with JPIXX video, Hanover County Fire and EMS, Richmond Ambulance Authority and Norfolk Police Department to create the “Make the Call” video, fliers and campaign still imagery. Designed fliers/posters were sent to EMS agencies and first responder partners in Virginia to share in their workspaces. The media toolkit was also posted on the “Make the Call” website for people to download and print additional copies or share via web.

The “Make the Call” campaign was recognized with a bronze Telly Award in the general non-broadcast video category. The Telly Awards honor excellence in local, regional and cable television commercials, non-broadcast video and television programming. The Telly Awards annually showcase the best work created within television and across video, for all screens. Receiving over 12,000 entries from 50 states and five continents, Telly Award winners represent work from some of the most respected advertising agencies, television stations, production companies and publishers from around the world. The “Make the Call” mental health and wellness campaign 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.

##### *Via Virginia EMS Blog*

The OEMS continues to share important updates and information via the Virginia EMS Blog. This blog replaces the EMS Bulletin, which was an online newsletter that went out twice a year. This new blog allows OEMS shares information in a more timely, concise and in a web-friendly format. It also offers more interactive features so readers can comment or ask questions through the blog.

### *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 April – June are as follows:

- **April**

Complex Coordinated Attack Training Courses Announced, Keeping the Best training in Spotsylvania, VHAC/Mission: Lifeline Annual Meeting, updated versions of the Scope of Practice Formulary and Procedures, Regional EMS Awards, Symposium sponsorship, Job opportunities, phone systems down due to office construction, ACE division conducted an Education Coordinator Update in Warren County, National Public Safety Telecommunicators Week, Virginia EMS Portal and all web applications down for maintenance, Symposium room block update, the 22<sup>nd</sup> annual Virginia Fallen Firefighters & EMS Memorial Service, OEMS offers no cost EMS Officer I course, blog post re: Planning Your EMS Week Events, OEMS lip sync challenge and Day two of EMS Officer I course in Caroline County

- **May**

National EMS Memorial Bike Ride Southern Route honored fallen EMS providers, CBERS training: Responding To A Nerve Agent Incident, EMS Week kick off reminder, visit our EMS Week events page, Education Coordinator Update in REMS Region, it's EMS Week in Virginia factoid, May 19–25, EMS Week Governor's Proclamation, EMS Week education day factoid, EMS Week press release, EMS Week safety Tuesday factoid, EMS Week EMS for Children Day factoid, EMS Week presidential proclamation, EMS Week Safe A Life Day factoid, EMS Week Recognition Day factoid, EMS Week EMS Officer I Program factoid, water safety tips and holiday office closure, Terry Coy retirement announcement, 2019 Virginia Fallen Firefighters and EMS Memorial Service and June 1<sup>st</sup> starts 2019 Hurricane Season

- **June**

Honoring seven brave individuals at 2019 Virginia Fallen Firefighters and EMS Memorial Service, Education Coordinator Update in Blacksburg, June 2019 as Move Over Awareness Month in honor of Lieutenant Bradford Turner Clark, New Manager of Accreditation, Certification and Education Division Announced, During the month of June, [VDOT](#) reminds everyone of [Va.](#)'s [Move Over](#) law, See red, blue or amber flashing lights on the highway? move over – it's the law, OEMS lip sync challenge and CSEMS program manager position.

### *Via GovDelivery Email Listserv (April - June)*

- **4/05/19** - Reminder: EMS Provider Influenza Research Study
- **4/11/19** - "Make the Call" Mental Health and Wellness Campaign

- **4/16/19** - Final Reminder: EMS Provider Influenza Research Study
- **5/20/19** - EMS Week in Virginia
- **5/20/19** - EMS Week in Virginia Recognizes the Dedication of Virginia's EMS Providers and Focuses on First Responder Wellness –press release to media contacts
- **5/23/19** - Virginia Office of EMS to Contract with Educators Statewide **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.

### Social Media and Website Statistics

As of July 20, 2019, the OEMS Facebook page had 6,626 likes, which is an increase of 273 new likes since April 19, 2019. As of July 20, 2019, the OEMS Twitter page had 4,727 followers, which is an increase of 35 followers since April 19, 2019.

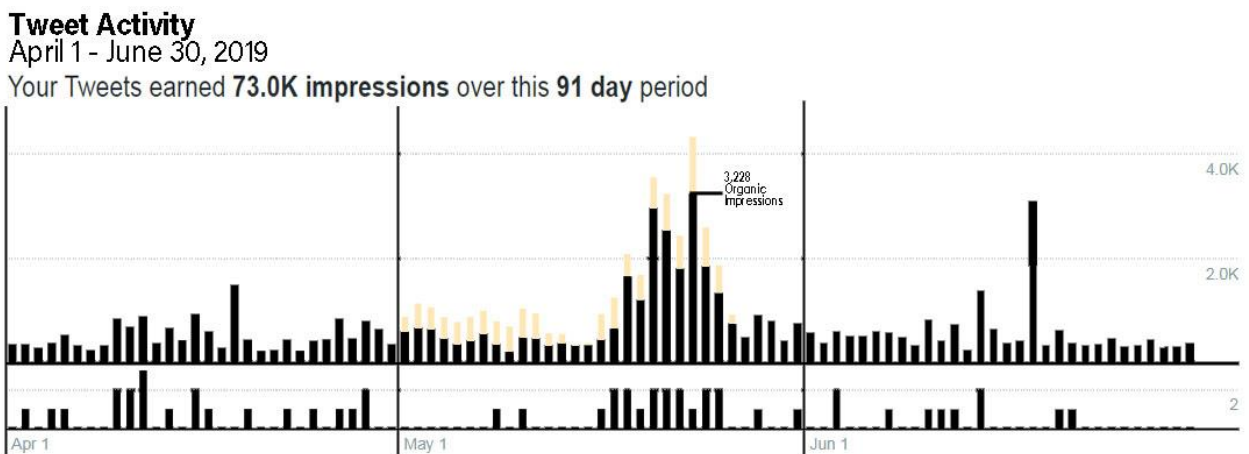
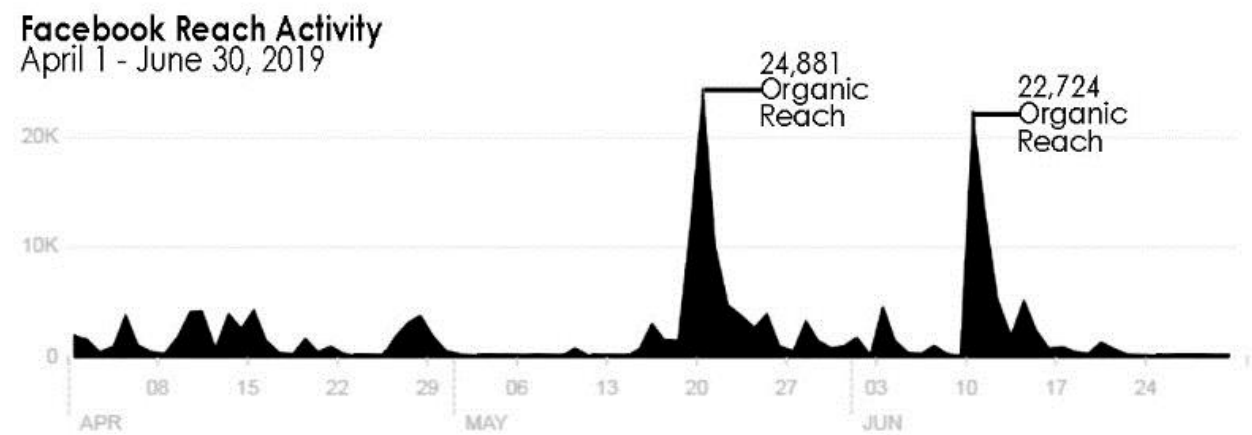
**Figure 1:** This graph shows the total organic reach\* of users who saw content from the OEMS Facebook page, April – June. Each point represents the total reach of organic users in the 7-day period ending with that day. **We had two of our most popular Facebook posts ever that went viral in organic reach! The first post was re: our first EMS Week factoid and it was posted on May 19, 2019. This post garnered 28,602 people reached and 1,495 engagements – including post likes, reactions, comments, shares and post clicks.**

**The second post was re: Move Over Awareness Month and it was posted on June 10, 2019. This post garnered 38,192 people reached and 2,182 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, April - June. **During this 91-day period, the OEMS Twitter page earned 802 impressions per day. The most popular tweet received 4,015 organic impressions.**

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





**Figure 3:** This table represents the top five most downloaded items on the OEMS website from April – June 2019.

April	<ol style="list-style-type: none"> <li>1. Scope-of-Practice-Formulary (736)</li> <li>2. Scope of Practice Procedures (595)</li> <li>3. Authorized Durable DNR Form-2017 (444)</li> <li>4. Centrelearn Instructions-with-link (244)</li> <li>5. How to Apply for the Virginia EMS Scholarship Quick Guide (239)</li> </ol>
May	<ol style="list-style-type: none"> <li>1. Authorized Durable DNR Form-2017 (376)</li> <li>2. TR-53A-BLS-CE-requirements (264)</li> <li>3. Centrelearn Instructions-with-link (252)</li> <li>4. Scope-of-Practice-Formulary (249)</li> <li>5. Scope of Practice Procedures (218)</li> </ol>
June	<ol style="list-style-type: none"> <li>1. Authorized Durable DNR Form-2017 (338)</li> <li>2. Centrelearn Instructions-with-link (260)</li> <li>3. Scope-of-Practice-Formulary (192)</li> <li>4. 2012 EMS Regulations Air Medical (184)</li> <li>5. Scope of Practice Procedures (170)</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 April – June 2019.

	Unique Pageviews	Average Time on Page (minutes: seconds)	Bounce Rate (Average for view)
April	8,158	00:22	26.78%
May	9,607	00:21	24.31%
June	8,443	00:22	26.64%

### 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 Coordinator designed and disseminated EMS Week factoids (via social media and OEMS website.) These factoids showcased OEMS and EMS system data for each day of EMS Week. These facts corresponded to the designated theme for each day. The first factoid went organically viral, garnering 28,602 people reached and 1,495 engagements (including post likes, reactions, comments, shares and post clicks.)
- The PR Coordinator prepared and distributed a press release for EMS Week to statewide media. The PR Coordinator sent the EMS Week email to all providers in Virginia.
- The PR coordinator created an EMS Week webpage on the OEMS website and shared EMS Week info for the VDH homepage and collaborated to have our EMS Week-related tweets for shared on the VDH Twitter page. Information promoted included the press release, Governor's proclamation, factoids, presidential proclamation and local promotions offered by area organizations and events occurring across the state in honor of EMS Week.
- The PR assistant researched EMS Week events happening across Virginia and updated those events on the OEMS website. These events were being offered for EMS Week by area retailers, in addition to events occurring across Virginia in honor of this special week. These events were shared on Facebook and Twitter.
- The PR Assistant coordinated the mailing of the EMS Week Planning Guides, which were mailed to all Virginia EMS agencies. The packets included an EMS Week Planning letter from the OEMS that provided event ideas for the week.

## **Fire and EMS Memorial Week**

The PR coordinator promoted Fire and EMS Memorial Week via the following plan:

- Promoted the event date and info in the EMS Week press release.
- Created a special webpage on the OEMS website to promote this event.
- Made this event a feature on the OEMS homepage.
- Shared VDFP posts on the OEMS social media sites. Posted additional information on OEMS Facebook and Twitter pages.

## **EMS Symposium**

- The PR Assistant coordinated the Lip Sync Challenge via the creation of questions for the challenge form and promotion of the challenge. The PR Coordinator created the online form based off questions created by the PR Assistant and staff.
- In May, the PR Assistant wrote an article about the 40<sup>th</sup> Annual Virginia EMS Symposium to be submitted to the Commonwealth Chiefs Magazine.
- The PR Coordinator continued design and layout of the Symposium Catalog, which will be posted online after registration opens at the end of July.
- The PR Coordinator started updating the Symposium webpages on the OEMS website.
- The PR Assistant started editing Symposium course content for online registration.
- The PR Coordinator revised the Symposium Sponsorship Guide and posted it on the OEMS website in April.
- The PR Coordinator and additional OEMS staff reviewed Symposium commercials and submitted edits to be made.
- The PR Coordinator submitted the symposium event info to NASEMSO to post on their calendar.

<h2><b>Governor's EMS Awards Program</b></h2>
---

- The PR Assistant designed the Regional EMS Award Nomination Deadline and Awards Ceremony schedule as a flier that was shared on the OEMS website.
- The PR Assistant helped with the promotion of the Regional EMS Council Awards through the event flier design and OEMS attendance at the regional award banquets.
- The PR Assistant attended the Central Shenandoah EMS Council Regional Awards on behalf of OEMS.

## **Media Coverage**

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

- April 1 – Reporter from the Richmond Free Press inquired about EMS grooming and hair policy.
- April 12 – Reporter from the Winchester Star inquired about the EMS regulatory process.
- May 2 – Reporter from WebMD inquired about prehospital emergency care in the U.S. and the shortage of EMTs nationally.
- May 10 – Reporter from WSLs 10 inquired about Halifax County Fire Commission - EMS Agency Inspection.
- May 20 – Reporter from the Kenbridge-Victoria Dispatch inquired about the Regional EMS Awards.
- May 28 – Reporter from the Daily Press inquired about Paramedic jobs in Virginia.
- June 3 – Reporter from WTVR 6 inquired about Woodland Inc. investigation follow-up.

## **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 presented a CommonHealth presentation to OEMS staff on the newly installed Bottle Filler Water Fountains - highlighting the features and benefits of the new fountains and how they contribute to the overall workplace health initiative.
- 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 and PR Assistant provide assistance for the preparation of some responses to 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 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 Assistant provides back up to all social media for OEMS and VDH.
- 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.
- The PR Coordinator assists with FOIA requests as needed.
- When applicable, the PR Assistant submits new OEMS 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 April – June:

- **April - June** – The PR Coordinator is responsible for working with the Communications Office to assist with coverage for media alerts, VDH in the News, weekly Commissioner’s message, media assistance, team editor and other duties upon request.
  - Beginning in June, the PR Coordinator took on the role of Acting Assistant Director in order to assist with the Communications Office due to the current director’s retirement. This new role is tentatively scheduled through September or until a new director is hired.
    - The PR Coordinator is responsible for managing staff, approving and managing marketing campaigns, approving leave, project management, procurement of assets (Granicus, Hootsuite, Archive Social,) conducting monthly meetings, website feedback, sending out weekly commissioner’s

email, updating all VDH social media, updating VDH intranet and external VDH website and serving as primary contact for Adobe Stock image requests. Also assists with PR requests, including press releases, talking points, etc. and sends VDH listserv emails.

- The PR Assistant is responsible for media alerts, updating the VDH New Employees photos for the VDH intranet and coordinating and sending the Commissioner's clinician letters.
  - April 25, 2019 – PR Assistant sent Clinician Letter: Hepatitis A through the listserv, VDH website and via social media.
  - May 28, 2019 – PR Assistant sent Clinician Letter: Tick and Mosquito Infections through the listserv, VDH website and via social media
- The PR Assistant serves as secondary backup for VDH social media, listserv emails, Adobe Stock image requests, assisting with website feedback.
- The PR Assistant has been researching FOIA program options for agency-wide use. This program would help to monitor and track FOIA requests.
- **VDH Communications Conference Calls (Ongoing)** - The PR Coordinator and PR Assistant participate in bi-weekly conference calls and polycoms for the VDH Communications team. Until a new director of communications is hired, the PR Coordinator will be conducting these meetings.
  - 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 April – June. Submissions that were recognized appear as follows:

- **April 15 - OEMS Launches First Responder Campaign**

The Office of EMS (OEMS) officially has 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, 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 a conference that showed an opening ceremonies video that recognized the mental health impacts first responders face every day. She left the conference wanting to put a similar video together for Virginia's EMS System to break the stigma associated with getting help for mental health. She also wanted the video to incorporate 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 OK to ask for help and take the time to take care of themselves, mentally and emotionally. OEMS partnered with JPIXX video, Hanover County Fire and EMS, Richmond Ambulance Authority and Norfolk Police Department to create the "Make the Call" video, fliers and campaign still imagery. Thanks also to **Tristen Graves**, public relations assistant, **Jackie Hunter**, procurement officer, and **Marian Hunter**, public relations coordinator, for assisting with the procurement and marketing coordination of this campaign. Learn more at [www.vdh.virginia.gov/makethecall](http://www.vdh.virginia.gov/makethecall) and [check out the video](#).

- **May 13 – OEMS Hosts EMS Officer 1 Training**

Staff from the Office of Emergency Medical Services (OEMS) Division of Community Health and Technical Resources recently hosted an EMS Officer 1 training in Caroline County. Nineteen participants successfully completed the two-day class. Class participants represented rural and urban volunteer, career, private for-profit, Department of Defense Fire/EMS, city, town and county municipalities. The EMS Officer 1 Program helps EMS agencies boost leadership in order to develop and maintain quality leaders in the EMS community. The program covers such topics as human resource management, community and government relations, administration and more. Many thanks to **Chris Vernovai**, EMS systems planner, who assisted with the coordination and instruction of this training.

- **May 28 - OEMS Mental Health Awareness Campaign Wins a “Telly”**

The VDH Office of EMS (OEMS) recently received notification that its “Make the Call” campaign won a bronze Telly Award in the general non-broadcast video category. The Telly Awards honor excellence in local, regional, and cable television commercials and non-broadcast video and television programming. The Telly Awards annually recognize the best work created within television and across video, for all screens. Receiving more than 12,000 entries from 50 states and five continents, Telly Award winners represent the work of some of the most respected advertising agencies, television stations, production companies and publishers from around the world.

The OEMS “Make the Call” mental health and wellness campaign 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. Since the launch of this campaign in April, it has more than 35,000 combined video views on YouTube and Facebook, and more than 700 post shares on the Richmond Ambulance Facebook post. OEMS, in partnership with JPIXX video, Hanover County Fire and EMS, Richmond Ambulance Authority and Norfolk Police Department, created the “Make the Call” video, fliers and campaign still imagery.

Thanks to **Karen Owens**, emergency operations manager; **Tristen Graves**, public relations assistant; **Jackie Hunter**, procurement officer and **Marian Hunter**, public relations coordinator, for assisting with the vision, procurement and marketing coordination of this campaign. Learn more at [www.vdh.virginia.gov/makethecall](http://www.vdh.virginia.gov/makethecall) and [check out the video](#).



# **Division of Regulation and Compliance**

## **VII. Division of Regulation and Compliance**

The following is a summary of the Division's activities for the second 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>9</b>			<b>25</b>	<b>14</b>	<b>78</b>
EMS Agency	1	6			7	9	37
EMS Provider	15	3			18	5	41
<b>Verbal Warning</b>	<b>4</b>	<b>2</b>			<b>6</b>	<b>10</b>	<b>5</b>
EMS Agency	3	1			4	8	2
EMS Provider	1	1			2	2	3
<b>Correction Order</b>	<b>1</b>	<b>1</b>			<b>2</b>	<b>5</b>	<b>30</b>
EMS Agency	1	0			1	4	30
EMS Provider	0	1			1	1	0
<b>Suspension</b>	<b>4</b>	<b>12</b>			<b>16</b>	<b>40</b>	<b>22</b>
EMS Agency	0	0			0	0	1
EMS Provider	4	12			16	40	21
<b>Revocation</b>	<b>0</b>	<b>2</b>			<b>2</b>	<b>0</b>	<b>4</b>
EMS Agency	0	0			0	0	0
EMS Provider	0	2			2	0	4
<b>Compliance Cases</b>							
EMS Opened	78	53			131	160	77*
EMS Closed	*	*			*	91	53
<b>Drug Diversions</b>	<b>1</b>	<b>4</b>			<b>5</b>	<b>12</b>	<b>20</b>
<b>Variances</b>	<b>21</b>	<b>36</b>			<b>57</b>	<b>54</b>	<b>8*</b>
Approved	13	14			27	33	6
Denied	8	22			30	20	2*

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

## Hearings

(6) Administrative Processes Act - Informal Fact Finding Conferences (hearings) this quarter.

## Licensure

Licensure	2019 1st Quarter	2019 2nd Quarter	2019 3rd Quarter	2019 4th Quarter	2018 Total	2017 Total
<b>Total Agencies</b>	*	586			607	621
New Agency	2	2			6	5
New Vehicles	31	70			4,243*	4,679*
<b>Inspections</b>	726	1007			3,729	3,089*
Agencies Inspected	93	101			288	319
Vehicles Inspected	546	806			3097	2,278
Unscheduled “Spot” Inspections	87	100			389	492*

**\*Note: Statistical data unavailable or incomplete at the time of this report. Data will be included when it becomes available.**

## 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/>.

Background Checks	2019 1st Quarter	2019 2nd Quarter	2019 3rd Quarter	2019 4th Quarter	2019 Total	2018 Total	2017 Total
Processed	2,777	2,447			5,224	7,318	7,633
Eligible	1,519	1,790			3,309	6,578	6,015
Non-Eligible	10	10			20	48	46

Review Criminal history	47	30			77	38	1,362
Outstanding Waiting for results	15	8			Not cumulative		
Rejected Fingerprint cards	113	97			210		
Jurisdiction Ordinance	1,073	512			1,585	1,344	1,167

### 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. OEMS Staff is working to complete the required documentation for the next step for the “Proposed” EMS Regulations.
- 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 and 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.
- The decision was made to hold this draft (Chapter 32) and include regulatory requirements for EMS agencies to become licensed as a Mobile Integrated Healthcare-Community Paramedicine and/or Critical Care Transport agency. Chapter 32 language must also be consistent and compliant with the use of the terms “licensed” and “certified” referenced in the REPLICA language.
- **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 once final edits are complete; 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.
- Periodic Review for 12VAC5-66 – Regulations Governing Durable Do Not Resuscitate Orders. The purpose of this periodic review is to determine whether this regulation should be repealed, amended, or retained in its current form. Public comment period opens August 5, 2019 and subsequently closes on August 26, 2019. No changes are anticipated at this time. The Office of EMS point of contact is Cam Crittenden.

### EMS Physician Endorsement

Operational Medical Directors	2019 1st Quarter	2019 2nd Quarter	2019 3rd Quarter	2019 4th Quarter	2019 Total	2018 Total	2017 Total
Endorsed	227	223			*	*	*
New OMD's	*	*			*	*	*
Re-Endorsed (5yr)	7	6			13	*	*
Conditional (1yr)	6	9			15	*	*
Expired Endorsement	6	4			10	*	*

Regional OMD workshops were conducted during 2019 Q2 in Staunton, Winchester, Radford, and Richmond, Virginia. The scheduled 2019 OMD workshops are now complete. The 2020 OMD workshops will begin during EMS Symposium this November and the 2020 schedule will be posted on the Virginia Office of EMS website following the EMS Symposium.

Interested OMD's can contact the Office to register for upcoming workshop. Dr. Lindbeck 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

- ❖ The Regulation and Compliance division staff held their bi-monthly staff meetings on April 10-12, and June 5-7, 2019 in Glen Allen, Virginia. The next divisional staff meeting is scheduled for September 11-13, 2019 in South Hill, Virginia.
- ❖ Division staff have provided technical assistance and conducted educational presentations to EMS agencies, E.C. 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 creating a pathway for the reinstatement of impaired EMS providers who have been sanctioned because of a substance abuse issue. Collaborative efforts have begun with Department of Health Professions, VDH, OEMS, and Health Practitioners Monitoring Program (HPMP) to ensure consistency with project development regarding treatment and monitoring programs.
- ❖ **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 October 2019. Details of how fingerprints are to be submitted to the OEMS after this date are being finalized now and will be announced/posted as soon as possible. This new process for fingerprint submissions will be more efficient, cost effective, paperless, and provides increased access for both regulants and agencies.

❖ **Staffing Changes:**

Supervisor Heather Phillips, has announced her retirement effective November 01, 2019. Heather came to the Office of EMS in 2001 bringing with her more than 20 years of experience in EMS and Law Enforcement. Heather has served the Commonwealth of Virginia, the Department of Health, the Office of EMS, her team of field representatives, and both EMS agencies and providers admirably for 18 years! Heather is an amazing woman, passionate EMS leader, compassionate adviser, and fair investigator! She will be missed but has certainly earned this retirement with her hard work, exceptional work ethic, and quality of work product she consistently produced!

- Her position will be posted internally to be filled in August 2019. An open Field Investigator position may be open and posted in August as well, potentially following any internal promotion.

**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 ALS and Education Coordinators
  - Complaint\Compliance Investigations
  - Drug Diversion Investigations
  - LCR Database Portal Management
- EMS Physician (OMD/PCD) Endorsement
- 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 State EMS Advisory Board
- Provide regulatory and compliance consultation services for EMS agencies and municipalities within the Commonwealth of Virginia
- As requested, represent the Virginia Office of EMS, Regulation & Compliance Division on national boards and/or committees

## **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

***Shirley Peoples***

Administrative Assistant-(Burch Field Team)

Phone: (804) 888-9125

Fax: (804) 371-3409

Provides support to field team and coordinates background investigation activities to include:

Receiving and processing results of all fingerprint based background checks

Notification to EMS agencies regarding results of background checks

Assist Field Investigators (Program Representatives) with all administrative tasks

Assist customers by navigating requests to the appropriate resource for resolution

***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](mailto:Jimmy.Burch@vdh.virginia.gov)) – *Southside Virginia*

**Paul Fleenor** ([Paul.Fleenor@vdh.virginia.gov](mailto:Paul.Fleenor@vdh.virginia.gov)) – *Western Virginia*

**Ron Kendrick** ([Ron.Kendrick@vdh.virginia.gov](mailto:Ron.Kendrick@vdh.virginia.gov)) – *Far Southwest Virginia*

**Steve McNeer** ([Stephen.McNeer@vdh.virginia.gov](mailto:Stephen.McNeer@vdh.virginia.gov)) – *Greater Richmond Area Virginia*

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

**Wayne Berry** ([Wayne.Berry@vdh.virginia.gov](mailto:Wayne.Berry@vdh.virginia.gov)) – *Coastal Virginia*

**Scotty Williams** ([Scotty.Williams@vdh.virginia.gov](mailto:Scotty.Williams@vdh.virginia.gov)) – *Northern Virginia*

**Doug Layton** ([Douglas.Layton@vdh.virignia.gov](mailto:Douglas.Layton@vdh.virignia.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, compliance and 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.

# **Division of Trauma and Critical Care**

## VIII. Division of Trauma and Critical Care

### Patient Care Informatics

- Virginia Elite Updates
  - During the first quarter of 2019 OEMS Support Staff notified all Virginia EMS Agencies that it was time to submit their annual updates of required demographic data ([Required Demographics Information](#)). Agencies were given 45 days to review the information submitted the previous year and to make any updates necessary. As of the March 31, 2019 deadline only 22 of the 575 active agencies had complied.
  - Below are the required data elements that need to be reviewed and updated as needed annually.

dAgency. 05 – EMS Agency Service Area States	dContact. 03 – Agency Contact First Name
dAgency. 06 – EMS Agency Service Area County(ies)/City(ies)	dContact. 10 – Agency Contact Phone Number (OPTIONAL)
dAgency. 07 – EMS Agency Census Tract	dContact. 11 – Agency Contact Email Address
dAgency. 08 – EMS Agency Service Area ZIP Codes	dConfiguration. 11 – EMS Agency Specialty Service Capability
dAgency. 09 – Primary Type of Service	dConfiguration. 12 – Billing Status
dAgency. 10 – Other Type of Service	dConfiguration. 13 – Emergency Medical Dispatch (EMD) Provided to EMS Agency Service Area
dAgency. 11 – Level of Service	dConfiguration. 14 – EMD Vendor
dAgency. 12 – Organization Status	dConfiguration. 15 – Patient Monitoring Capability(ies)
dAgency. 13 – Organizational Type	dConfiguration. 16 – Crew Call Sign
dAgency. 14 – EMS Agency Organizational Tax Status	dLocation. 01 – EMS Location Type
dAgency. 15 – Statistical Calendar Year	dLocation. 02 – EMS Location Name
dAgency. 16 – Total Primary Service Area Size	dLocation. 03 – EMS Location Number
dAgency. 17 – Total Service Area Population	dLocation. 04 – EMS Location GPS

dAgency. 18 – 911 EMS Call Center Volume per Year	dLocation. 06 – EMS Location Address
dAgency. 19 – EMS Dispatch Volume per Year	dLocation. 08 – EMS Location State
dAgency. 20 – EMS Patient Transport Volume per Year	dLocation. 09 – EMS Station or Location ZIP Code
dAgency. 21 – EMS Patient Contact Volume per Year	dLocation. 10 – EMS Location County(ies)/City(ies)
dAgency. 22 – EMS Billable Calls per Year	dVehicle. 01 – Unit/Vehicle Number
dAgency. 25 – National Provider Identifier	dVehicle. 02 – Vehicle Identification Number
dAgency. 26 – Fire Department ID Number	dVehicle. 03 – EMS Unit Call Sign
dContact. 01 – Agency Contact Type	dVehicle. 04 – Vehicle Type
dContact. 02 – Agency Contact Last Name	dVehicle. 10 – Vehicle Model Year

- Support Staff began working with the Regulation and Compliance Division to develop a process to increase agency compliance with Virginia EMS reporting requirements (§32.1-116.1, Section B). This process includes, but is not limited to:
  - OEMS support staff sending direct emails to agencies (over 7,000 sent during this quarter) going over issues and solutions
  - Direct communication to non-compliant agencies from their assigned Program Representative
  - Approximately 100 direct phone calls to individual EMS Agencies from OEMS support personnel that needed additional guidance. OEMS personnel identified agency specific issues and provided directions on how to correct existing issues and ensure accurate data submission going forward.
  - As a result of these efforts 75% of Virginia EMS Agencies have begun to/completed updating the demographic information.

- **EMS Data**

- Overall Summary: Virginia EMS agencies received/responded to a total of **408,420** transport calls in the second quarter of 2019. Summaries of the calls by Incident disposition, Gender, Age, and EMS Council Regions are tabulated below (Tables 1-4).

*Table 1: EMS Calls by Incident Disposition, Second Quarter 2019, Virginia*

<b>Incident Disposition</b>	<b>EMS Calls</b>
Assist	27,994
Canceled	43,967
Other*	221
Patient Dead at Scene	3,158
Patient Evaluated, No Treatment/Transport Required	3,734
Patient Refused Evaluation/Care (With Transport)	659
Patient Refused Evaluation/Care (Without Transport)	19,548
Patient Treated, Released (AMA)	12,489
Patient Treated, Released (per protocol)	1,848
Patient Treated, Transferred Care to Another EMS Unit	5,770
Patient Treated, Transported by Law Enforcement	509
Patient Treated, Transported by Private Vehicle	308
Patient Treated, Transported by this EMS Unit	279,772
Standby	8,438
Blank	5
<b>Grand Total</b>	<b>408,420</b>

\*Note: Other refers to: i) Transport of non-patient, organs, etc.; ii) Transported to landing zone with subsequent care transfer; and iii) Z-TX with mutual aid transported. \*

*Table 2: EMS Calls by Sex, Second Quarter 2019, Virginia*

<b>Patient Sex</b>	<b>EMS Calls</b>
Female	179,005
Male	155,907
Not Applicable	16,999
Not Recorded	48,092
Unknown (Unable to Determine)	316
Blank	8,101
<b>Grand Total</b>	<b>408,420</b>

*Table 3: EMS Calls by Age Groups, Second Quarter 2019, Virginia*

<b>Age Groups (Years)</b>	<b>EMS Calls</b>
Under 16	15,071
16 - Below 30	32,823
30 - Below 60	98,855

60 - Below 85	145,810
85 and Up	41,107
Blank	74,754
<b>Total</b>	<b>408,420</b>

*Table 4: EMS Calls by EMS Council Regions, Second Quarter 2019, Virginia*

<b>EMS Council Regions</b>	<b>EMS Calls</b>
Blue Ridge	17,490
Central Shenandoah	16,946
Lord Fairfax	10,214
Northern	67,319
Old Dominion	78,267
Out of State/Other	18,890
Peninsulas	28,679
Rappahannock	36,414
Southwest	25,913
Thomas Jefferson	11,219
Tidewater	59,098
Western	37,971
<b>Grand Total</b>	<b>408,420</b>

- **Trauma Incidents**

- Of the total EMS calls (408,420) reported in the second quarter of 2019, 25,963 calls were trauma related (6.4% of the EMS call volume). The Old Dominion EMS Alliance had the highest number of trauma calls (5,343), followed by the Northern Virginia EMS Council (5,315).

*Table 8: Trauma Call Volume by EMS Council Region, Second Quarter 2019, Virginia*

<b>EMS Council Region</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>Grand Total</b>
Blue Ridge	253	266	296	815
Central Shenandoah	375	412	385	1,172
Lord Fairfax	250	262	247	759
Northern	1,614	1,863	1,838	5,315
Old Dominion	1,697	1,861	1,785	5,343
Out of State/Other	54	59	46	159

Peninsulas	662	697	687	2,046
Rappahannock	412	452	454	1,318
Southwest	436	453	425	1,314
Thomas Jefferson	349	354	359	1,062
Tidewater	1,259	1,464	1,434	4,157
Western	861	895	747	2,503
<b>Grand Total</b>	<b>8,222</b>	<b>9,038</b>	<b>8,703</b>	<b>25,963</b>

*Table 9: Top Ten Injury Types, Second Quarter 2019, Virginia*

<b>Top Ten Injury Types</b>	<b>Counts of Incidents</b>
Injury – Head	4,450
Injury – Not otherwise listed	3,738
Injury – Lower leg	1,925
Injury – Hip	1,882
Injury – Shoulder or upper arm	1,764
Injury – Lower back	1,652
Injury – Face	1,558
Injury – Neck	1,293
Injury – Wrist, hand, or fingers	1,240
Injury – Ankle	908

*Table 10: Top Ten Hospital Destinations for Injury Calls, Second Quarter 2019, Virginia*

<b>Destination Hospital For Trauma Incidents</b>	<b>Counts of Incidents</b>
Fairfax Hospital	1,248
VCU Health Systems	1,042
Roanoke Memorial Hospital	1,019
Virginia Beach General Hospital	845
Norfolk General Hospital	772
Riverside Regional Medical Center	759
Northern Virginia Medical Center	747
UVA Health System	735
Chippenham Hospital	728
Mary Washington Hospital	659

- **EMS Data Submission and Data Quality:** Data submitted and recorded into the database has been found to contain numerous errors and missing fields. OEMS has established a scoring system that reflects whether an agency is submitting/recording information correctly. Based on this score, called “Incident Validity Score,” the agencies are classified as I) Excellent, II) Good, or III) Poor. Staff works monthly



with EMS agencies and the Regulation and Compliance Division to improve the quality of the data submitted to the Elite system.

- The latest Data Quality Report and Data Submission Compliance Reports can be found on the Knowledgebase here: [Knowledgebase - Data Submission Report](#)

*Table 5: Number of Virginia EMS Agencies Classified by Average Incident Validity Score, March - May 2019*

Validity Score	March	April	May
Excellent (98-100)	344	340	340
Good (95-97.99)	59	62	60
Poor (< 95)	54	50	58
Failed to submit	80	85	79

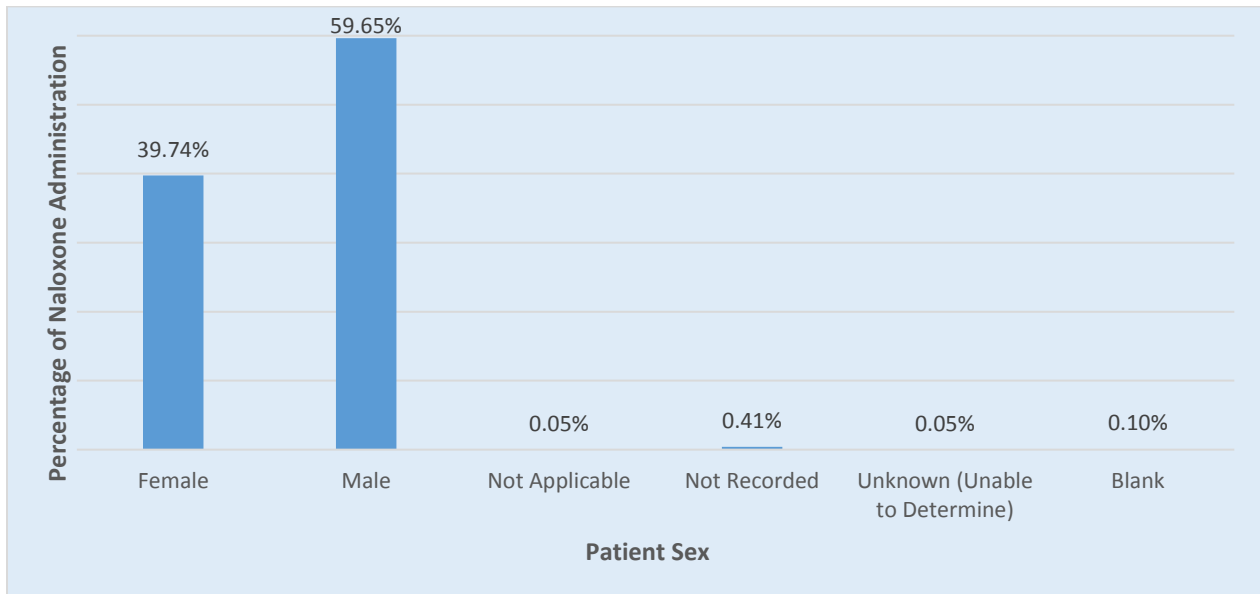
*Table 6: Average Incident Validity Score by EMS Council, Second Quarter 2019, Virginia*

EMS Council Regions	April	May	June	Three Month Average
Blue Ridge	93.99	94.34	95.49	94.59
Central Shenandoah	99.40	99.22	99.44	99.36
Lord Fairfax	99.46	99.57	99.59	99.54
Northern	97.26	97.72	97.77	97.59
Old Dominion	98.29	98.30	98.66	98.42
Out of State/Other	95.97	96.38	96.35	96.24
Peninsulas	99.23	99.22	99.18	99.21
Rappahannock	98.44	98.58	98.57	98.53
Southwest	75.35	75.39	74.32	75.03
Thomas Jefferson	88.19	88.07	88.31	88.18
Tidewater	95.04	95.32	97.22	95.84
Western	98.76	98.59	98.76	98.70
<b>Grand Total</b>	<b>95.78</b>	<b>95.97</b>	<b>96.33</b>	<b>96.02</b>

**Opioid Usage and Naloxone Administration:** Virginia EMS providers administer naloxone (Narcan) to patients with opioid overdoses. A total of 2,611 naloxone administrations for 1,963 incident overdose cases were reported from April – June 2019. Of the 2,611 naloxone administrations provided, an improved response was identified with 1,308 of the doses; the 1,308 doses were provided for 1,096 incident overdose cases. Comparing the number of incidents and

the incidents with improved responses, 55.8% of the overdose cases showed positive responses to naloxone administration. Among the naloxone administrations documented, 6 patients were age 10 and under. Three of the six were reported as accidental opioid overdoses and showed improved responses to naloxone.

*Figure 1: Naloxone Administration by Sex, Second Quarter 2019, Virginia*



*Figure 2: Naloxone Administration by Age Group, Second Quarter 2019, Virginia*

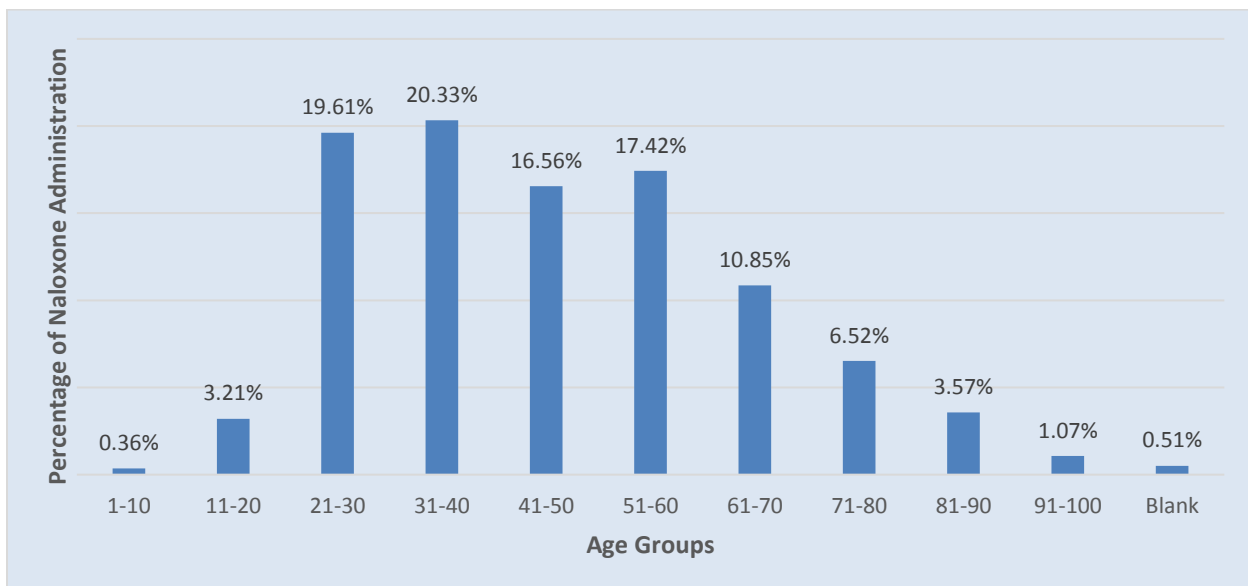
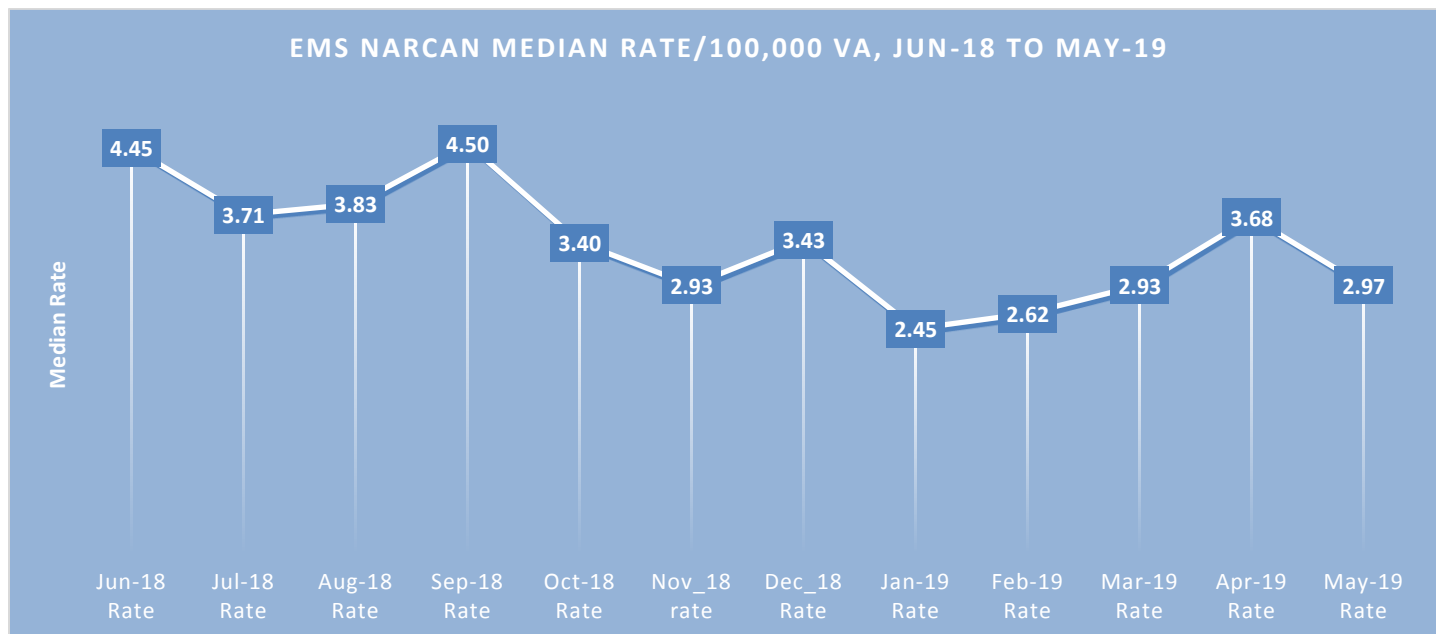


Table 7: Number of Naloxone Administrations by EMS Council Region, Second Quarter 2019, Virginia

EMS Council Region	Number of Naloxone Administrations
Blue Ridge	74
Central Shenandoah	49
Lord Fairfax	94
Northern	385
Old Dominion	739
Out of State/Other	6
Peninsulas	308
Rappahannock	173
Southwest	107
Thomas Jefferson	59
Tidewater	382
Western	235
<b>Grand Total</b>	<b>2,611</b>

Figure 3: Number of Naloxone Administrations by EMS Council Region, Second Quarter 2019, Virginia



## Trauma and Critical Care

- The update to the Trauma Center Designation Manual, version 2015.4, went into effect as of July 1. The updates aligned CME for physicians with new national standards, as well as clarifying the CME requirements for physician assistants and nurse practitioners participating in trauma team activations.
- A workgroup is being convened to review and update the current Virginia Trauma Registry data dictionary to bring it in line with national standards. The workgroup is comprised of experience and novice trauma registrar's and trauma program managers.
- There are currently 19 hospitals holding 23 trauma center designations:

Trauma Center Designation	
Hospital	Level
Children's Hosp. of the King's Daughters	Ped
Chippenham Med. Ctr. (CJW-HCA)	I
Fairfax Hosp. (Inova)	I
Henrico Doctor's Hosp. (HCA)	II
Johnston-Willis Hosp. (CJW-HCA)	III
LewisGale Hosp. Montgomery (HCA)	III
Loudoun Hosp. (Inova)	III
Lynchburg General Hosp. (Centra)	II
Mary Washington Hosp.	II
New River Valley Med. Ctr. (Carilion)	III
Norfolk General Hosp. (Sentara)	I
Norfolk General Hosp. (Sentara)	Burn
Reston Hosp. Center (HCA)	II
Riverside Regional Med. Ctr.	II
Roanoke Memorial Hosp. (Carilion)	I
Roanoke Memorial Hosp. (Carilion)	Ped
Southside Regional Med. Ctr.	III
UVA	I
VCU	I
VCU	Burn
VCU	Ped

Virginia Beach General Hosp. (Sentara)	III
Winchester Med. Ctr. (ValleyHealth)	II

Level 1 - 6; Level 2 - 6; Level 3 - 6; Pediatric - 3; Burn – 2

- **Trauma Center Fund**

- The Code of Virginia § 18.2-270.01 requires VDH to evaluate annually and, if necessary, revise the criteria for the disbursement of the Trauma Center Fund.
- The Trauma Fund Panel, assembled each year to assist OEMS with reviewing the Trauma Center Fund Disbursement Policy, will meet on July 24.
  - The results of this review, whether there are changes or not, will be presented to the Trauma Administrative and Governance Committee.
- FY2019 Trauma Center Fund disbursements were calculated in early June and disbursements started in early July.
  - Two newly designated trauma centers received disbursements: Children's Hospital of the King's Daughters (Pediatric trauma center in Norfolk) and Inova Loudoun Hospital (Level III trauma center in Loudoun)
  - The total funding amount available was \$12,079,762.80 with distribution as follows:

Trauma Fund Payments Fiscal Year 2019		
Trauma Center	FY2019 Funding Amount	% of Total
<b>Level I &amp; Pediatric</b>		
VCU Health Systems	\$ 2,569,048.07	21.27%
Carilion Roanoke Memorial Hospital	\$ 1,423,380.04	11.78%
UVA Health System	\$ 1,300,530.85	10.77%
Sentara Norfolk General	\$ 1,132,932.81	9.38%
Inova Fairfax Hospital	\$ 993,201.75	8.22%
Children's Hospital of the King's Daughters	\$ 176,604.37	1.46%
<b>Level II</b>		
Riverside Regional Medical Center	\$ 755,476.62	6.25%
Winchester Medical Center	\$ 571,345.47	4.73%
Chippenham Hospital	\$ 461,732.25	3.82%
Henrico Doctor's Hospital - Forest	\$ 425,368.89	3.52%
Mary Washington Hospital	\$ 400,624.67	3.32%
Centra Lynchburg General Hospital	\$ 396,693.50	3.28%
Reston Hospital Center	\$ 351,485.00	2.91%
<b>Level III</b>		
Sentara Virginia Beach General	\$ 334,777.51	2.77%
Southside Regional Medical Center	\$ 189,958.10	1.57%
Johnston-Willis Hospital	\$ 177,007.41	1.47%
Inova Loudoun Hospital	\$ 148,309.74	1.23%
Carilion New River Valley Medical Center	\$ 140,469.67	1.16%
LewisGale Hospital - Montgomery	\$ 130,816.11	1.08%
<b>TOTAL</b>	<b>\$ 12,079,762.80</b>	

- **Trauma Center Updates**

- April 30: Chippenham Hospital, Level I provisional designation (upgrade from Level II)
  - Provisionally designated by the Commissioner
- May 16: LewisGale Hospital – Montgomery, Level III verification
  - Verified by the Commissioner
- June 19: Henrico Doctor's Hospital – Forest, Level II verification
  - In process

- **Upcoming Site Reviews**

- September 26: Carilion Children's Hospital, Pediatric verification
  - Provisional designation as a Pediatric trauma center was made October 11, 2018
- October 24: Inova Fairfax Hospital, Level I verification
- TBD: Reston Hospital, Level II verification
- TBD: Southside Regional Medical Center, Level III verification

- **Trauma System Committees**

- The Trauma Systems Committees (TSC) met May 2 and 3. They continue to establish their plans for implementation of their respective portions of the Virginia Trauma System Plan. Of note:
  - The System Improvement Committee is reviewing the National Quality Forum's *Population-Based Trauma Outcomes*. This report creates a framework for examining trauma outcomes, including access to care, cost and resource use of trauma care, trauma clinical care, and prevention of trauma. The report will likely become the basis for the Committee's work.
  - The Acute Care Committee is beginning to review the Trauma Center Designation Manual with an eye towards revision.
  - The Trauma Administrative and Governance Committee is working to ensure the TSC structure and plans are cohesive, non-siloed, non-duplicative, and not working at cross-purposes.

# VIRGINIA EMS for CHILDREN (EMSC) PROGRAM

## Child Restraint Systems—More Out the Door, More to Come



Fifty-two (52) “ACR-4” child restraint systems were distributed to Virginia EMS agencies in need of a safer transport solution for pediatric patients in recent months. Very shortly, an additional number of similar child restraint systems will be ordered as we continue to emphasize that *every child transported by ambulance in Virginia should be*

*appropriately restrained.*

If an EMS agency leader identifies a serious need for his or her agency to obtain one or two of these devices, please contact the EMSC Coordinator ([david.edwards@vdh.virginia.gov](mailto:david.edwards@vdh.virginia.gov)) and discuss these needs in detail.

Agencies are strongly encouraged to adopt safety policies and procedures requiring the use of child restraints by their providers, and the EMSC program is ready to assist. *(Funding for the child restraint systems was through the EMSC State Partnership Grant [H33MC07871] via the Health Resources & Services Administration [HRSA], and administered by the Maternal and Child Health Bureau [MCHB] Division of Child, Adolescent and Family Health.)*

## Forty EMSC-Funded 2019 Symposium Registrations Available:

Beginning July 16, 2019, forty (40) full registration awards to the 40<sup>th</sup> Annual Virginia EMS Symposium were available for individuals who sign up for at least three (3) pediatric-related courses at Symposium, courtesy of the EMS for Children (EMSC) program. Each award is worth \$195, the cost of a full regular registration. Those interested should contact David Edwards at [david.edwards@vdh.virginia.gov](mailto:david.edwards@vdh.virginia.gov) with their: *name, certification level, affiliation, home and email addresses, and phone number and “why they deserve an EMSC registration award”*. These awards are available on a first-come, first-served basis, so expect that they will only be available for a short time.

## “Stop the Bleed Toolkit” for School Nurses Completed:

An online toolkit for Virginia school nurses utilizing “Stop the Bleed” training was recently completed. The collaboration with the *Central VA Coalition to Stop the Bleed*, the *VA Department of Education*, and the *School Nurses Institute Partnership* to develop this resource was in response to requests from school nurses who wished to be better prepared for critical events and injuries involving children. Next quarter’s EMS for Children report will provide information on how to access this online resource, as well as a description of its contents and broader acknowledgements of those who developed the timely resource.



## Regional EMSC Awards Now in Competition for Governor’s EMSC Award

Regional council EMSC award winners are now in competition for the “Governor’s EMS Award for Outstanding Contribution to EMS for Children”. A winner will be announced and showcased at the 40<sup>th</sup> Annual Virginia EMS Symposium Awards Banquet.

## Virginia EMSC Funds Help with Future Pediatric Ambulance Standards:

A portion of Virginia EMS for Children funding for the next four years will be used to support a project managed by the National Association of State EMS Officials (NASEMSO) aimed at creating the first 2-3 accredited pediatric ambulance standards. *If successful*, manufacturers of equipment used by EMS personnel would have (for the first time) accredited standards to guide them in designing and crash-testing pediatric ambulance equipment. In addition, future procedures and equipment used in treating pediatric patients would then begin to have a basis in science.

## EMSC Looking to Support PEPP and ENPC Courses!

The EMSC Program is willing to support a limited number of Pediatric Education for Prehospital Professionals (PEPP) and/or Emergency Nurses Pediatric Course (ENPC) courses in regions that have difficulty in accessing pediatric training. Please let us know if you are trying to set up a course(s) and need some form of support for instructors, fees or materials in order to get these courses out there!

## Follow-up Items for Pediatric Readiness at Virginia Hospitals:

### 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*).

## Mark Your Pediatric Calendar...

- **NEMSIS Annual Meeting** -- Park City, UT, Aug 12 & 13, 2019.
- **HRSA EMSC Town Hall** – *Phone Conference*, 3-4 pm ET, August 7, 2019.
- **NEDARC Scientific Grant Writing Workshop** – Chicago, IL, August 27-29, 2019. See the [NEDARC Website](#) for the workshop description and registration details.
- **“EMSC: A Journey to Improve Pediatric Emergency Care.”** – Arlington, VA. The EMSC Program’s 2019 All Grantee Meeting will be from August 19-23, 2019, at the Hilton Crystal City. This Program conference is an opportunity to interact with EMSC colleagues representing accredited schools of medicine and state governments in 58 states, territories and the Freely Associated States.
- **Emergency Nursing 2019** -- Austin TX, Sept 29-Oct 2, 2019. Registration is [open](#).
- **EMS World Expo 2019** -- New Orleans, Oct 14-18, 2019. Registration [now open](#).
- **HRSA EMSC Town Hall** – *Phone Conference*, 3-4 pm ET, November 13, 2019.
- **2019 National Conference on EMS** – Atlantic City, NJ, November 14-16, 2019. Registration is not yet open, but watch the [conference site](#) for information.
- **National Healthcare Coalition Preparedness Conference** – Houston TX, December 3-5, 2019.
- **2020 National Association of EMS Physicians Annual Meeting** – San Diego, CA, January 6-11, 2020. Registration opens in September.
- **2020 Annual EMS Today Conference** – Tampa FL, March 4-6, 2020.

## Looking Ahead—Collecting Virginia EMS Agency Data:

As part of HRSA’s new annual data collection process, all state EMSC programs will collect data from EMS agencies in relation to EMSC Performance Measures 02 and 03 during a 3-month period beginning approximately January through March of 2020.

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

## Focus On Identifying Pediatric Champions.

The coming year will see a major focus on seeking a pediatric champion for every EMS agency (or in some cases groups of EMS agencies) in Virginia. The next quarterly report will have an in-depth discussion of this topic.

## Representing NASEMSO on NPDC...

The EMSC Manager (David Edwards) has joined the National Pediatric Disaster Coalition as National Association of State EMS Officials (NASEMSO's) representative to NPDC's Executive Committee.

## EMSC State Partnership Grant.

- The EMS for Children (EMSC) Committee has now realigned its quarterly meetings to take place with the group of meetings that immediately precede each quarterly meeting of the EMS Advisory Board. An EMSC Committee meeting just occurred on July 30, and the next one will happen at the 40<sup>th</sup> Annual Virginia EMS Symposium in Norfolk, probably on November 6.



March 31, 2022. The federal funds support pediatric needs related to the Virginia EMS system, and the measurement of progress toward achieving specific national EMS for Children Performance Measures set forth by the Health Resources and Services Administration (HRSA).

- Each state (and eight U.S. protectorates) is allowed one federal “EMSC State Partnership Grant” and in Virginia, the Office of Emergency Medical Services (VA Department of Health) has been awarded and administers the grant. The current award runs through
- The EMSC Committee of the EMS Advisory Board advises the EMSC program and assists in developing strategies to make progress toward achieving the national EMSC Performance Measures.
- The EMSC Manager, Project Director and FAN Representative of the Virginia EMS for Children Program will be attending a required *EMSC All-Grantee Program Meeting* in Arlington, VA August 19-23. David Edwards will be presenting “*The Evolving Role of the EMSC Program Manager: Driving Improvements in Pediatric Emergency Care*” and participating in a panel discussion as part of the meetings.

## 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

# Appendix

## A



# COMMONWEALTH of VIRGINIA

## Department of Health

M. NORMAN OLIVER, MD, MA  
STATE HEALTH COMMISSIONER

Gary R. Brown  
Director

P. Scott Winston  
Assistant Director

Office of Emergency Medical Services  
1041 Technology Park Drive  
Glen Allen, VA 23059-4500

1-800-523-6019 (VA only)  
804-888-9100  
FAX: 804-371-3108

### OFFICE OF EMS TO CONTRACT WITH EDUCATORS STATEWIDE

The Virginia Department of Health Office of Emergency Medical Services (OEMS) announced on May 23, 2019 that it has started the process of contracting with certified EMS educators statewide to be a part of a new, innovative approach to providing continuing education (CE) to both volunteer and career EMS providers across the Commonwealth.

These contract employees will work under the direction of the Division of Accreditation, Certification and Education to provide innovative continuing education programming for the more than 35,817 certified EMS providers who serve the citizens of the Commonwealth of Virginia. This new approach to continuing education will allow these educators the autonomy to conduct education on topics of local need and interest as well as ensure that a core set of courses covering state identified topics based on emerging trends and data are made available to EMS providers.

### REGIONAL EDUCATORS

This new approach will allow our contract educators the autonomy to conduct continuing education on topics of local need and interest as well as ensure that a core set of courses covering state identified topics, based on emerging trends and data, are made available to EMS providers. We envision this being done in local rescue squads, municipal agencies and centralized training events at local community centers, colleges, etc.

The continuing education offered by these contract employees will be Category 1 continuing education that meets the requirements for the National Continued Competency Requirements (NCCR). It will include the subjects that are identified through, at a minimum:

1. Practice analysis being conducted by National Registry
2. The National Continued Competency requirements identified by National Registry
3. Information identified through the NEMSIS data and through the Field Bridge program with Virginia as areas that need to be focused on
4. The NASEMSO EMS Guidelines
5. The Virginia Scope of Practice Procedures and Formulary as approved by the Virginia EMS Governor's Advisory Board
6. Deficiencies noted during psychomotor testing in Virginia



To protect the health and promote the  
well-being of all people in Virginia.

[www.vdh.virginia.gov/emergency-medical-services/](http://www.vdh.virginia.gov/emergency-medical-services/)

The Office will be placing (1) educator per Planning District in the Commonwealth, unless there is a reason to combine Planning Districts based on size and/or number of licensed EMS agencies in the district.

## BACKGROUND

In the spring of 2017, the Office of EMS rolled out new MOU's for Regional Auxiliary & Continuing Education Program at the Regional Directors Group meeting during the May EMS Advisory Board meetings. This new MOU came about after almost 3 years of work (2014-2017) on the part of the Office to try and determine the best way to distribute funds which are set aside by the Code of Virginia for BLS and ALS education.

The old EMS Training Funds Program had been determined to be flawed and was shuttered after fraud was detected on the part of several educators. The solution as to how best to distribute these funds came down to the creation of the Virginia EMS Scholarship Program for students taking initial certification programs and the aforementioned Regional Auxiliary & Continuing Education Program MOU's.

When the Office rolled out these new MOU's, Regional Executive Directors were advised that this new program would be renewed on an annual basis, but that these renewals were to be based on performance as measured by OEMS. Additionally, Office staff indicated that accountability for these funds was imperative based on the fraud which caused the old EMS Training Funds program to be shuttered. Regional Executive Directors were advised that participation was not required, but was optional. Continuation of this program was not a guarantee—thus the reason the MOU's were issued for one (1) year, without the option for automatic renewals. One region, Central Shenandoah EMS, chose not to participate.

## REVIEW OF MOU PERFORMANCE

At the Regional Director's Group quarterly meeting held on May 2, 2019 in Glen Allen, staff from the Division of Accreditation, Certification & Education discussed with the regions that following a review of their performance from FY18 and FY19 MOU's, the desired level of performance and delivery of continuing education was not sufficient to justify continuing the previous methodology. A separate report titled: ***Performance Review of Regional Council Continuing Education and Auxiliary Program MOU: FY18-FY19*** follows this overview.

OEMS introduced a new MOU to the Regional Director's Group at this meeting with little concern or negative feedback from the Regional Executive Directors. This MOU provided the regions a pre-determined number of full time employees (who would be council employees), plus a percentage for benefits, a negotiation percentage and funding for associated IT needs. These positions were dedicated to delivering continuing education within identified Planning Districts.

The following day, OEMS staff members began receiving feedback from the regions on the updated MOU introduced a day earlier. Over the next week, considerable issues with the deliverables, contract value, terms and conditions, etc. were fielded. Based upon the numerous issues identified by the

regions with this new MOU, the Office of EMS decided to rescind the MOU which provided funding for continuing education personnel in each region.

The Office then determined that we would contract directly with full time educators throughout the state to provide continuing education.

### **OEMS PROCUREMENT PROCESS**

As with all state agencies, when the Office of EMS goes out on bid for a good or service, specifications and requirements are issued and vendors place bids based on their ability to fulfill the requirements of the Request for Quote (RFQ).

These same policies and procedures hold true for MOU's promulgated by the Office. The Office sets the specifications, requirements and deliverables and then presents the MOU to the appropriate entity. The entity can either sign the MOU or they can choose not to. MOU's and RFQ's are for services that the Office of EMS has determined are needed. The terms of these instruments are not negotiable.

### **TRANSPARENCY**

Information on our new local continuing education contractors will be transparently displayed on the OEMS website on the following page as we move forward. <http://www.vdh.virginia.gov/emergency-medical-services/local-continuing-education-ce-program-contacts/>

As stewards of taxpayer dollars for the Commonwealth of Virginia, the Office needs to assure that we are reaching all EMS providers in the Commonwealth by providing opportunities for them to attend quality continuing education classes free of charge and so they can be exposed to the latest information as identified by sources listed above.

The Office of EMS and the staff of the Division of Accreditation, Certification & Education are looking forward to this new approach as we seek to ensure the availability of quality continuing education programs for EMS providers across the Commonwealth.





# Performance Review of Regional Council Continuing Education (CE) and Auxiliary Program MOU

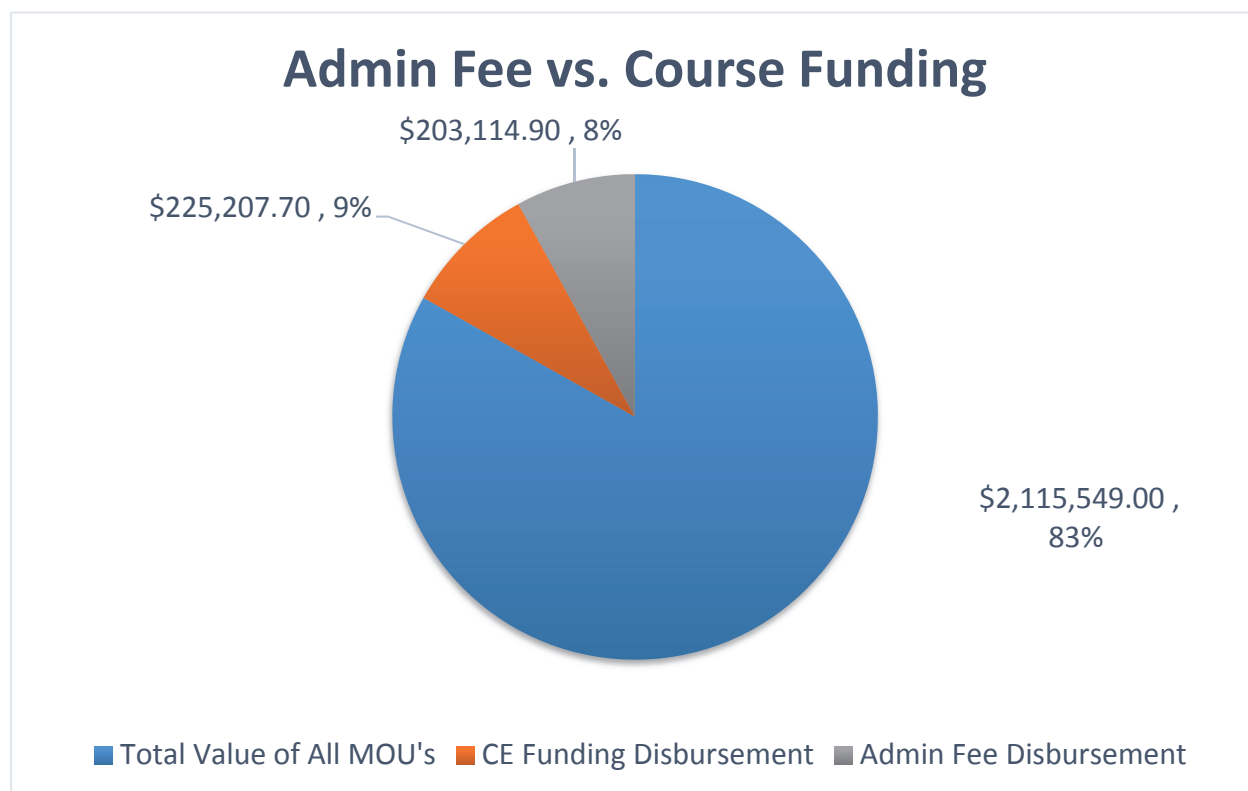
FY18 & FY19

## Background

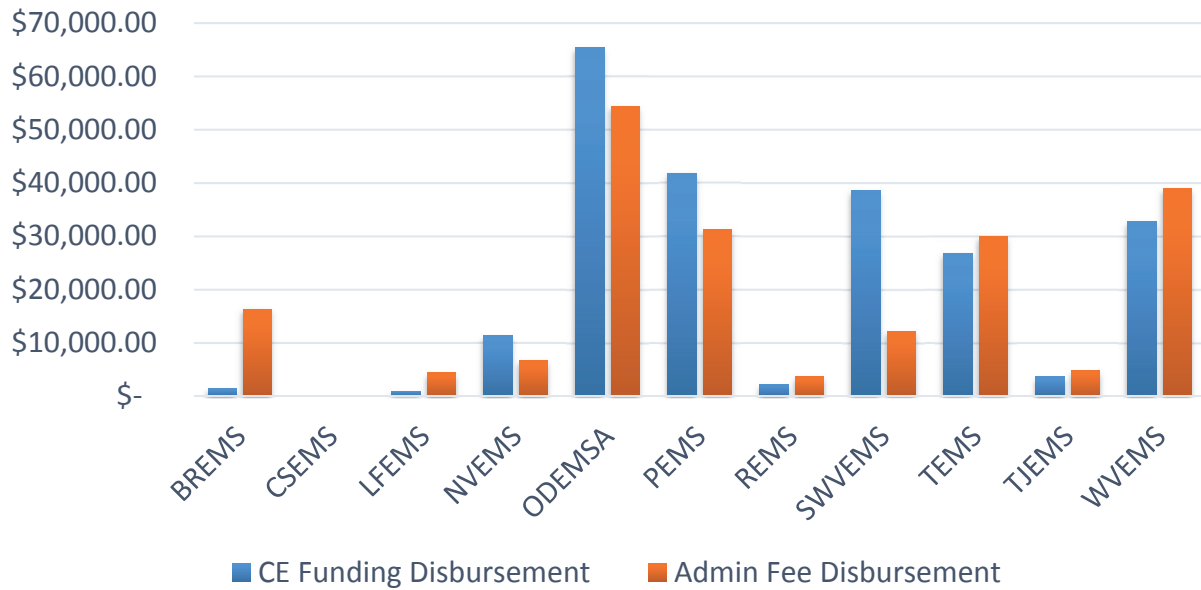
For the past two years the Office of EMS—through the use of an MOU—has worked with 10 of the 11 Regional EMS Councils to ensure the availability of quality continuing education (CE) at the local level for all EMS providers in the Commonwealth.

- Annually, the Office has budgeted just over \$2 million for this program.
- This new MOU with the Regional EMS Councils was first implemented for FY18. After looking at performance data for FY18, it was easy to see that there were some growing pains during this inaugural year.
- By early February 2019, following the submission of Q2 invoices by the participating Regional EMS Councils, it was apparent that the current MOU is not producing the results we had hoped for.

## FY18 MOU Performance (Full Year)



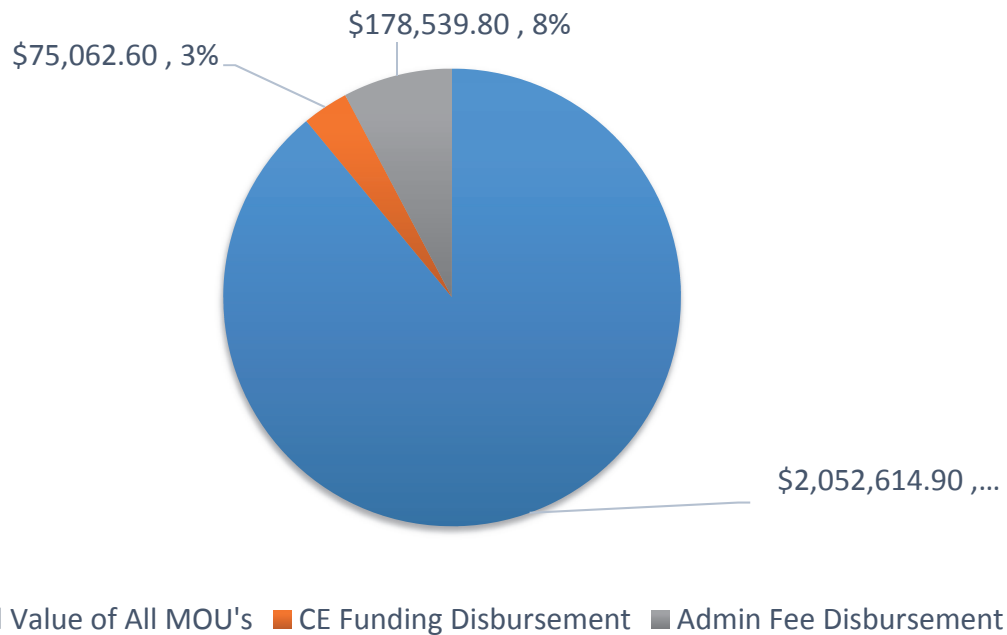
## Auxiliary and CE Course Performance

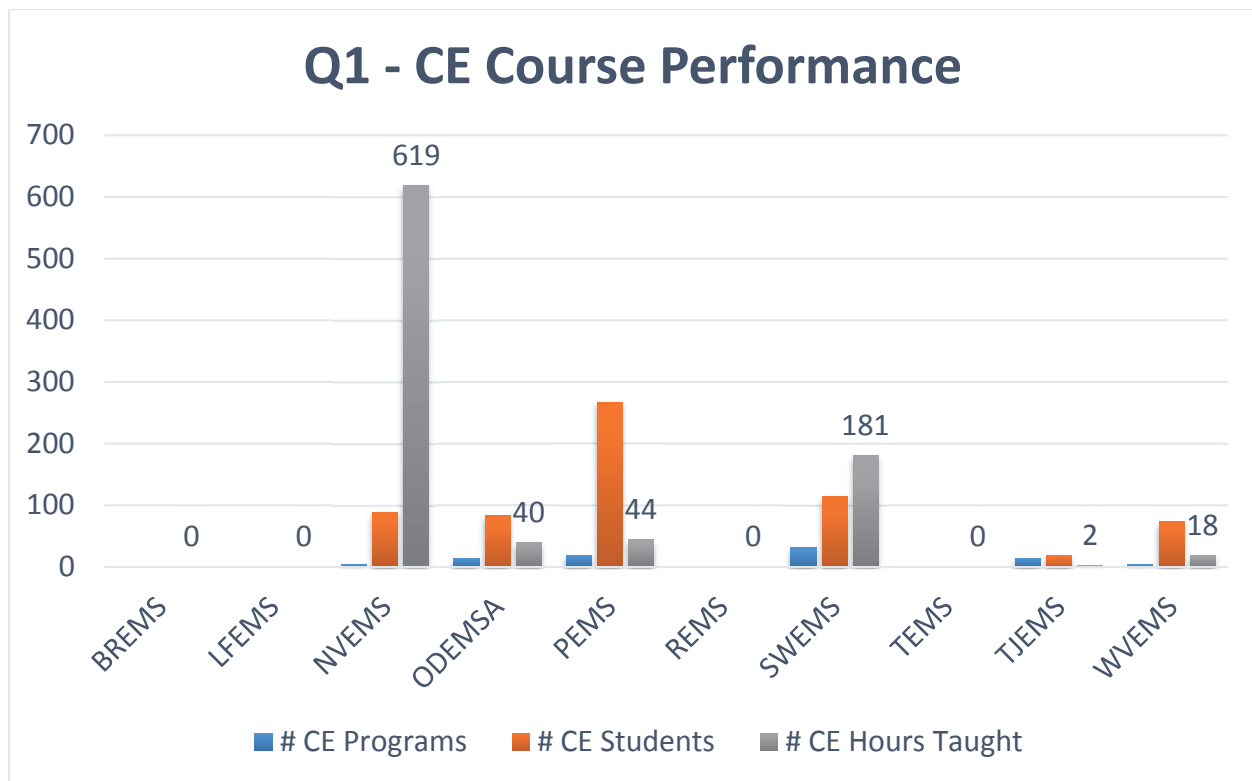
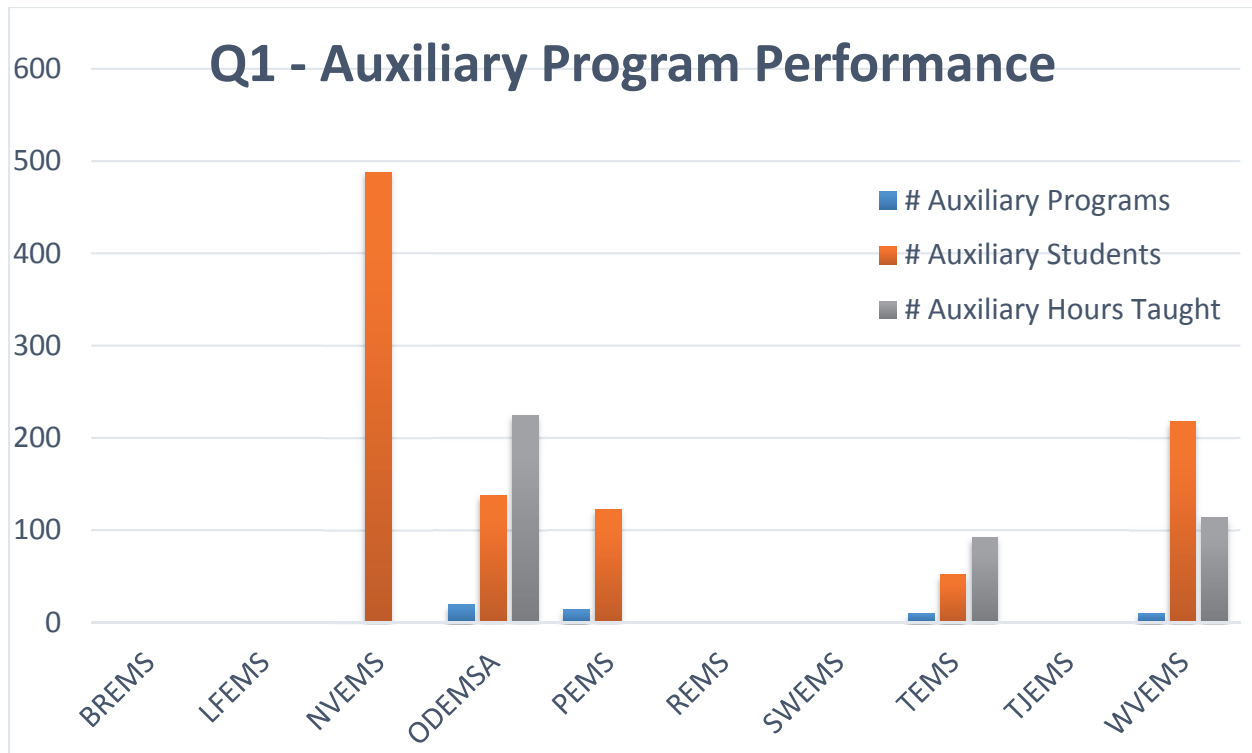


## FY19 MOU Performance to Date

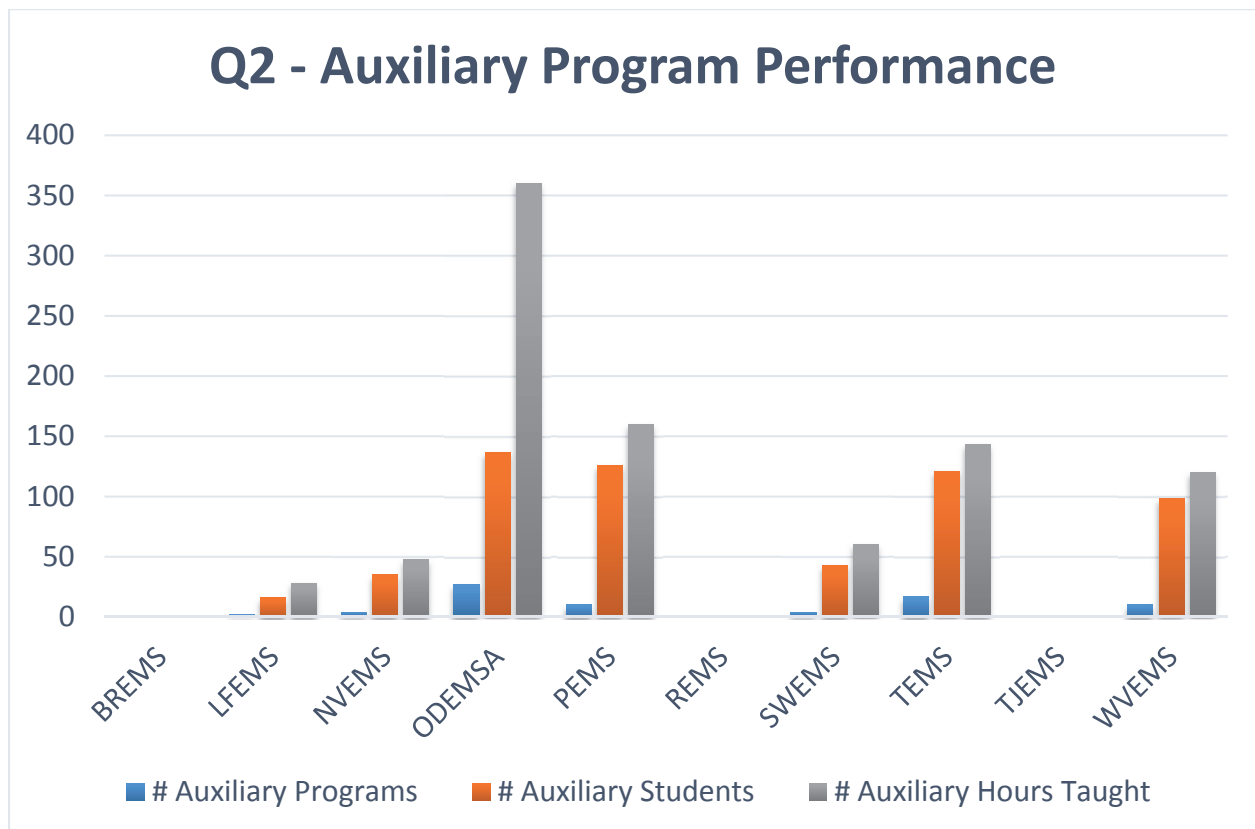
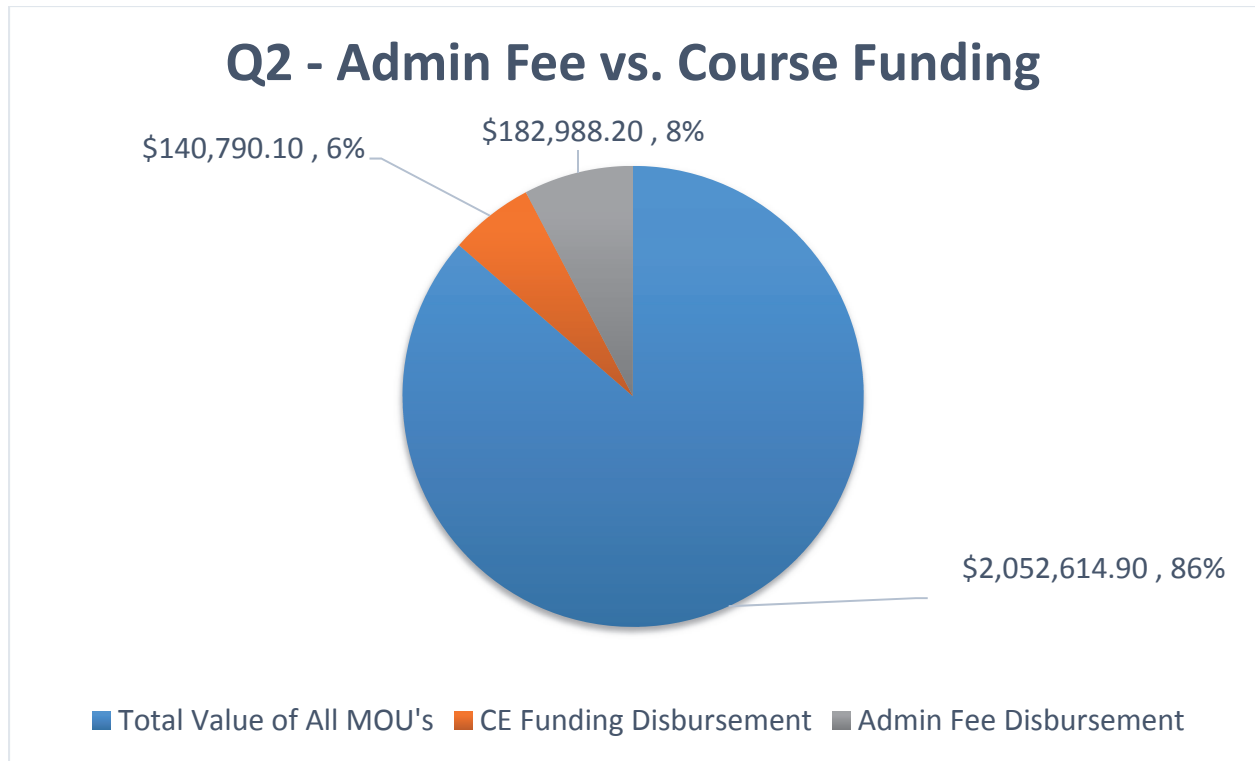
**First Quarter**

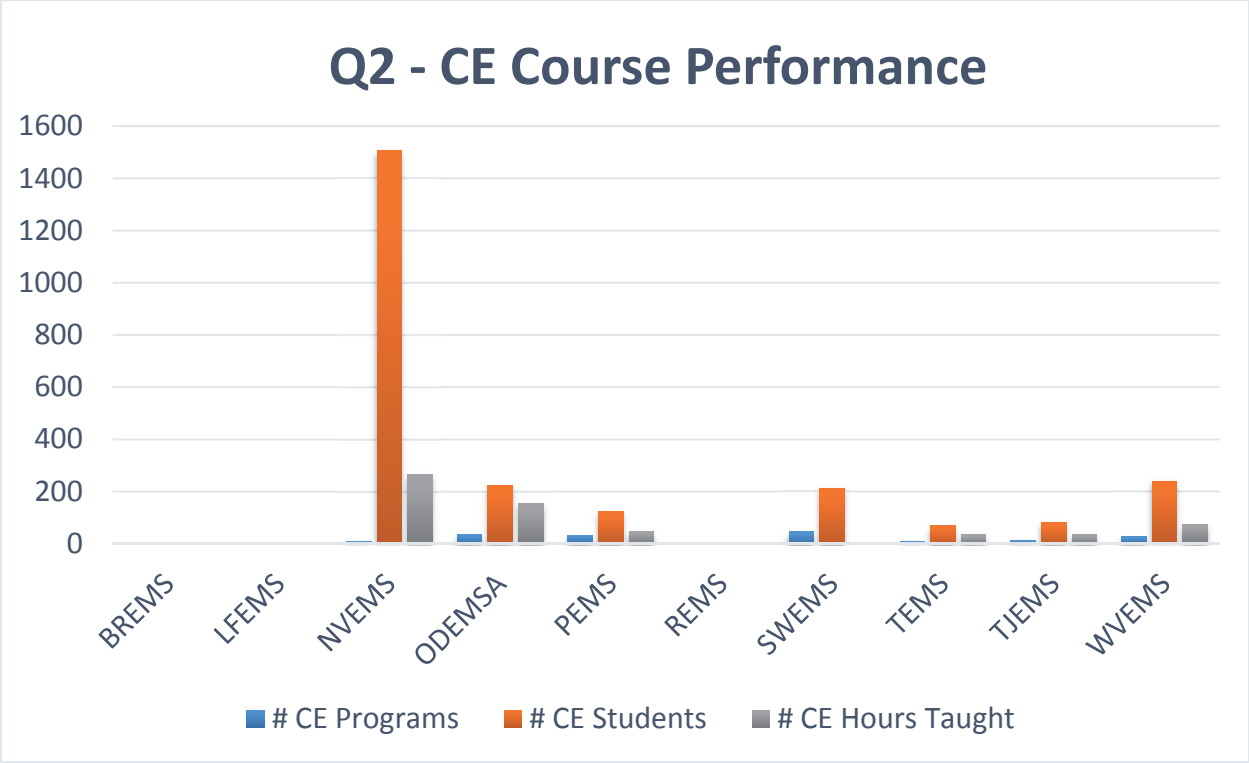
### Q1 - Admin Fee vs. Course Funding



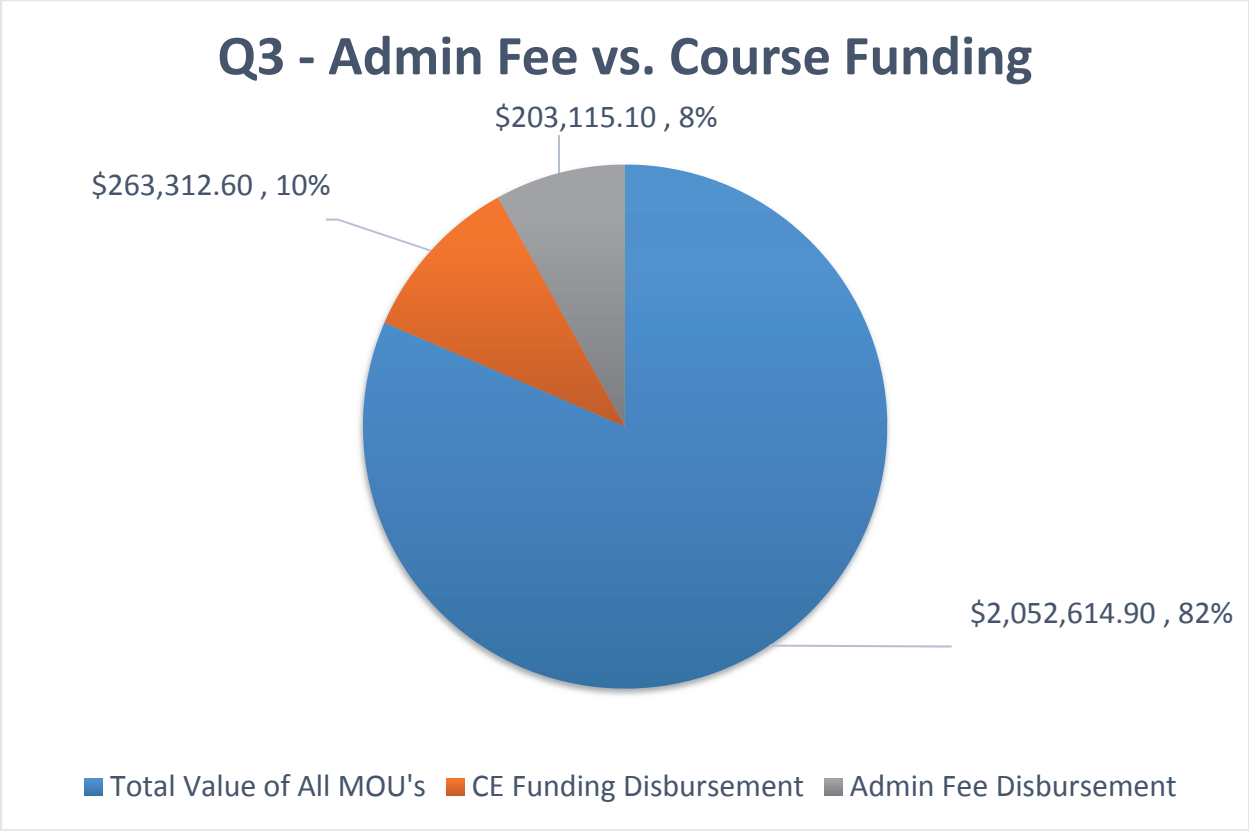


Second Quarter

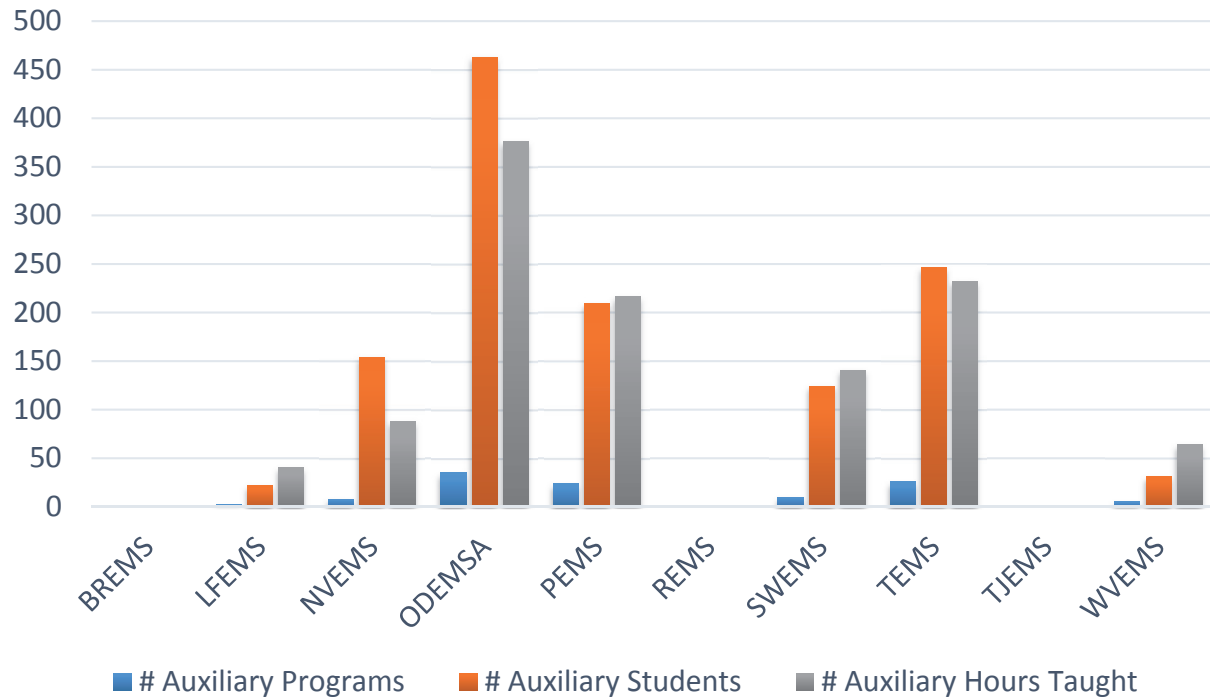




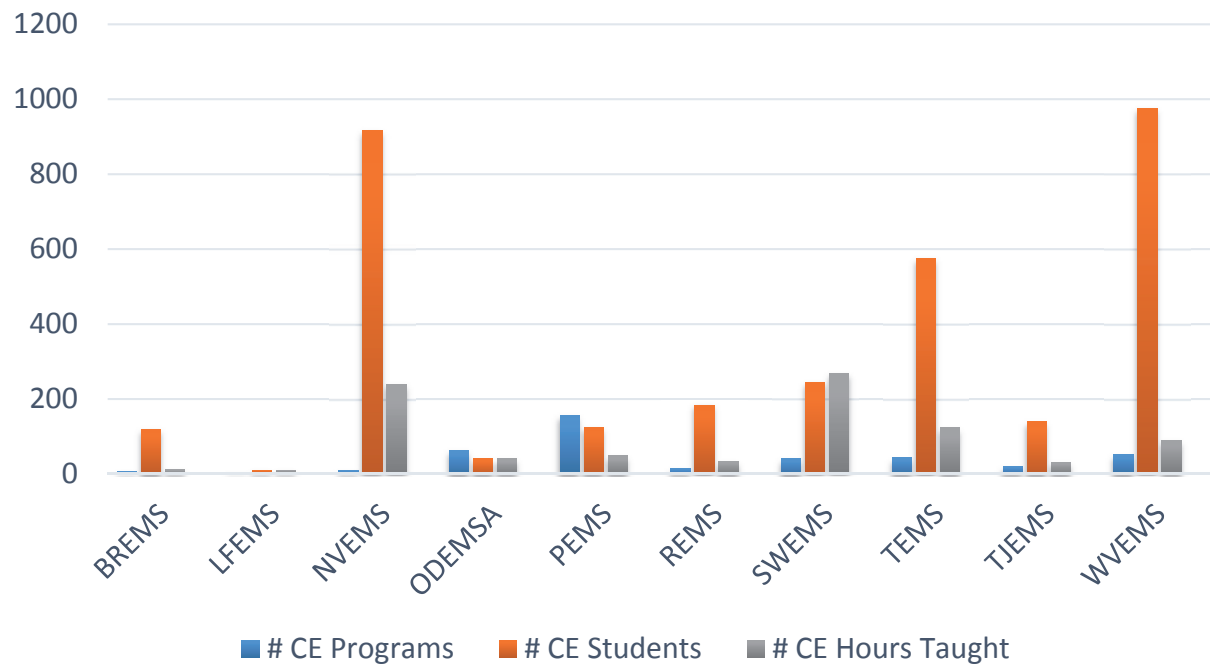
**Third Quarter**



## Q3 - Auxiliary Course Performance



## Q3 - CE Course Performance



## FY19 Admin Fee vs. Course Funding Overview to Date

