

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



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

**November 6, 2019**

# **Executive Management, Administration & Finance**

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

**November 6, 2019**

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## **MISSION STATEMENT:**

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

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

### **A) Administrative Notes**

- At the time of finishing this report there is one action item from a Standing Committee on the November 6, 2019 Board agenda. The action item is to approve the State EMS Plan. Please see the CHaTR section and Appendix A.
- Executive Management of OEMS is involved in national EMS activities on a weekly basis. As such, OEMS is incorporating “EMS on the National Scene” within this section of the quarterly report.
- The State EMS Advisory Board held a retreat on September 16-17, 2019. The transcript of the retreat is too large to include in this Quarterly Report. Here is a link to the transcript: <http://www.vdh.virginia.gov/emergency-medical-services/other-ems-programs-and-links/advisory-board/advisory-board-minutes/>

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

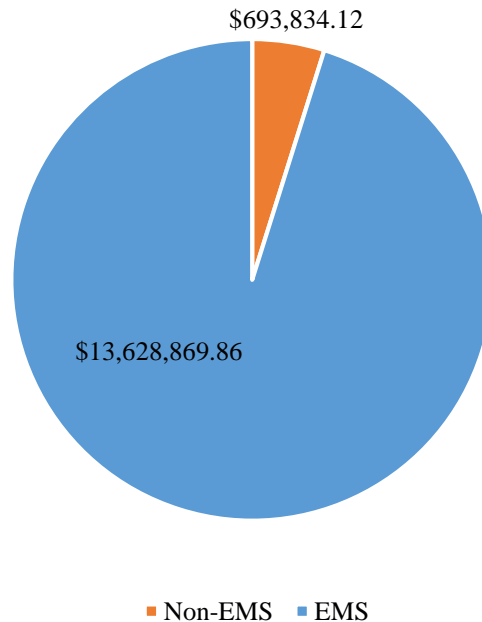
The deadline for the Fall Cycle of the Rescue Squad Assistance Fund (RSAF) was March 16, 2019. OEMS received 112 applications requesting \$14,322,703.98 in funding.

Funding requests were in the following amounts by agency type:

- 98 EMS Agencies requesting \$13,628,869.8614
- Non-EMS requesting \$693,834.12

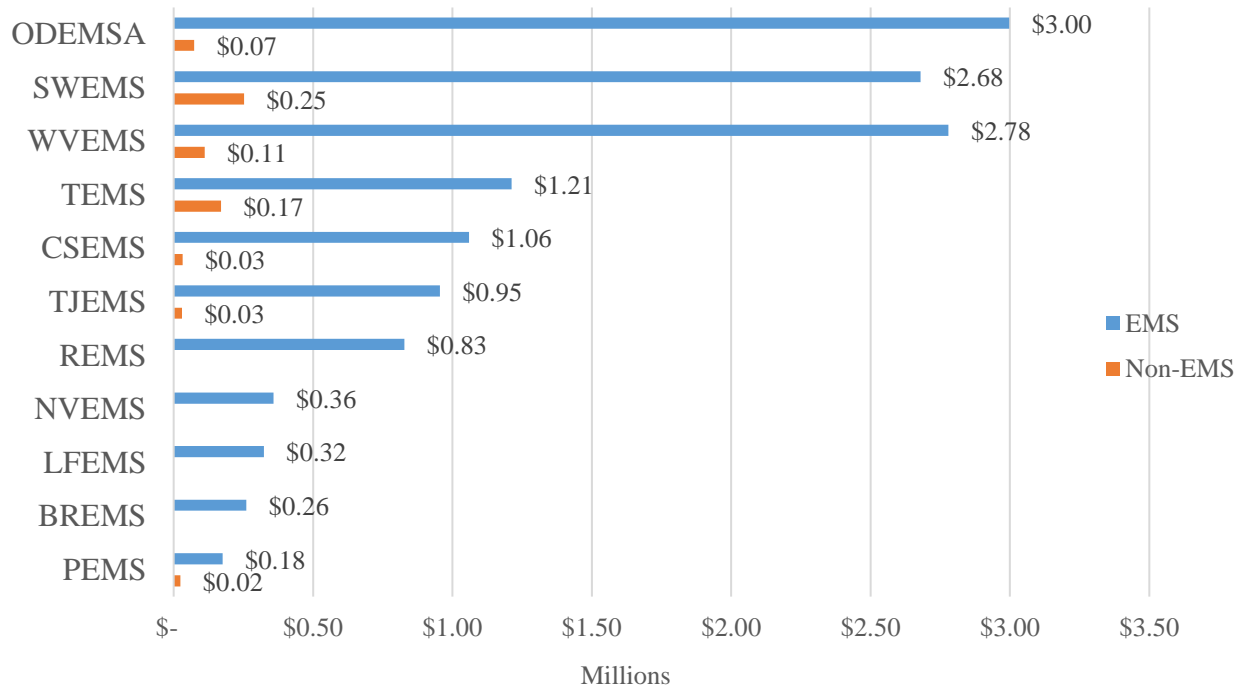
Funding requests were in the following amounts by EMS region:

Figure 1: Total Request by Agency Type



- Old Dominion (ODEMSA): \$3,070,948.67
- Southwestern Virginia (SWEMS): \$2,932,108.34
- Tidewater (TEMS): \$1,381,870.95
- Central Shenandoah (CSEMS): \$1,092,120.27
- Thomas Jefferson (TJEMS): \$984,917.83
- Rappahannock (REMS): \$827,857.65
- Northern Virginia (NVEMS): \$358,631.39
- Lord Fairfax (LFEMS): \$323,312.29
- Blue Ridge (BREMS): \$260,531.75
- Peninsulas (PEMS): \$200,120.50
- Western Virginia (WVEMS): \$2,890,284.34

**Figure 2: Total Request by EMS Region**



Funding requests were to purchase the following items:

- ALS Equipment: \$1,711,593.89
- BLS Equipment: \$824,841.02
- Communications Equipment – Mobiles: \$4,384.68
- Communications Equipment – Portables: \$123,958.70
- Computer Hardware: \$235,242.19
- Computer Software: \$14,013.05
- Defibrillator - Automatic External Defibrillator: \$663,267.03
- Emergency Medical Dispatch (EMD): \$148,467.00
- Other\*: \$356,774.41
- Recruitment/Retention: \$18,500.00
- Rescue Equipment – Extrication: \$167,954.58
- Rescue Equipment - Misc.: \$734,706.58
- Special Priority - Emergency Medical Dispatch: \$140,609.00
- Special Priority - Innovative (Special) Projects: \$7,272.00
- Special Training Projects: \$30,000.00
- Training Equipment - ALS / BLS: \$93,732.76
- Vehicle - Quick Response Vehicle: \$119,906.70
- Vehicle - Rechassis/Chassis: \$472,317.00
- Vehicle - Specialty – Other\*\*: \$56,083.00
- Vehicle - Type I Ambulance: \$7,170,597.39

- Vehicle - Type II Ambulance: \$119,242.00
- Vehicle - Type III Ambulance: \$1,109,241.00

\*The “Other” Category includes stretchers, power loads, cot retention systems, EMD public education supplies, and a Television.

\*\* The “Vehicle – Specialty – Other” category includes a power load and an all-terrain vehicle.

### **C) EMS on the National Scene**

#### **National Association of State EMS Officials (NASEMSO)**

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

#### **a. Naloxone EBG Training Module**

NASEMSO recently released the fully narrated Evidence-Based Training for Emergency Response Providers in the Assessment and Treatment of Suspected Opioid Overdoses. The training module is geared to all emergency response providers who have prerequisite knowledge in airway management. Narrated by Dr. John Lyng, the training is based on the Evidence-Based Guidelines for EMS Administration of Naloxone published in Prehospital Emergency Care (March 2019). The Naloxone EBG project was led by NASEMSO in collaboration with the National Association of EMS Physicians (NAEMSP) and the American College of Emergency Physicians (ACEP). The endeavor was funded by the National Highway Traffic Safety Administration (NHTSA) Office of EMS and the Health Resources and Services Administration, Maternal and Child Health Bureau’s EMS for Children Program (EMSC). The training module and other project deliverables are available at: <https://nasemso.org/projects/naloxone-evidence-based-guidelines/>

#### **b. Pediatric Transport Products for Ground Ambulances, Version 2.2**

NASEMSO has released the Pediatric Transport Products for Ground Ambulances, Version 2.2 (August 2019). The document is a resource for EMS providers to determine existing options for securing infants and children who are transported by ambulance. Approximately 1.6 million children ages 0-13 are transported by ambulance each year in the United States. The Centers for Disease Control and Prevention (CDC) has noted that ambulances are 2.5 times more likely to be involved in a crash than an automobile. While ambulances are generally well-equipped to secure adult patients, many are lacking proper devices to secure their youngest patients whose varying

sizes make the challenge even greater. In recent years, ambulance industry manufacturers have developed a variety of products to fill this gap, but the options to the purchaser can be confusing.

NASEMSO created the Pediatric Transport Products for Ground Ambulances resource to minimize the confusion, by allowing the EMS industry to compare the products available. Inclusion of a product in the Pediatric Transport Products for Ground Ambulances resource does not imply that it has been deemed “safe” or is endorsed by NASEMSO. Access the list at: <https://nasemso.org/wp-content/uploads/Pediatric-Transport-Products-for-Ground-Ambulances-v2.1.pdf>.

Unfortunately, there are no minimum safety criteria to be included in the product list because such criteria have not been developed. NASEMSO hopes to fill this gap by organizing and leading a comprehensive crash-testing project to determine pass/fail criteria for these pediatric transport products. The project will be a collaborative effort involving national EMS organizations, manufacturers of the equipment (who will donate their devices for the crash testing research), safety engineers, and pediatric experts. For more information about the pediatric crash test project, contact Technical Project Lead Jim Green at [green@nasemso.org](mailto:green@nasemso.org)

**c. NASEMSO Personnel Licensure Council releases State EMS Investigator Instructional Guidelines and Investigation Training Resources**

The Personnel Licensure Council has published its State EMS Investigator Instructional Guidelines and Investigation Training Resources to assist state EMS officials in developing or consuming the commercial products available for training their licensure investigation staff. It provides an outline of the recommended content for such courses as well as a guide to resources known to exist. Access the document at: <https://nasemso.org/wp-content/uploads/Investigation-Training-Recommendations-and-Resources-9-6-2019-Final.pdf>.

**d. Rules for the Interstate Commission for EMS Personnel Practice Released**

These rules are promulgated by the Interstate Commission for Emergency Medical Services Personnel Practice pursuant to the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact (REPLICA). These rules shall become effective upon adoption by the Commission. Nothing in the compact or these rules authorizes an individual to practice in a non-member state. These rules became effective September 1, 2019. For more information visit: <https://www.emscompact.gov/news/>.

**e. Strategic Highway Safety Plan (SHSP) Database**

The US DOT Federal Highway Safety Administration now offers a Strategic Highway Safety Plan (SHSP) Database containing key data from 52 state SHSPs about the data-driven approaches states are using to reduce roadway fatalities and serious injuries. The database includes information about emphasis area strategies and action plans; 4E safety partners;

approaches states are using to update, implement, and evaluate plans; and much more. You can view your own or other states' plans in their entirety, or make specific selections about emphasis areas at: <https://rspcb.safety.fhwa.dot.gov/shspsearch/statesearch.aspx>.

To view a report that shows only the states with EMS/Incident Management emphasis area content and the specific objectives included, go to:

[https://farb.imiscloud.com/SharedContent/Events/Event\\_Display.aspx?EventKey=53760707-9e16-429e-ab6a-d991179bdca7&iSearchResult=true&WebsiteKey=6d5eb519-6383-47f7-b4d0-addc7060cddf](https://farb.imiscloud.com/SharedContent/Events/Event_Display.aspx?EventKey=53760707-9e16-429e-ab6a-d991179bdca7&iSearchResult=true&WebsiteKey=6d5eb519-6383-47f7-b4d0-addc7060cddf).

#### **f. Community Impact and Benefit Activities of Critical Access, Other Rural, and Urban Hospitals, 2017**

The Flex Monitoring Team has released a new report on the community impact and benefit activities of Critical Access Hospitals (CAHs), rural non-CAHs, and urban hospitals. The report enables State Flex Programs and CAH administrators to compare the community impact and benefit profiles of CAHs nationally to the performance of CAHs in their state. Access the report at: <http://www.flexmonitoring.org/wp-content/uploads/2019/07/community-state-impact-report-2017.pdf>.

#### **g. Council of State Governments Legal Advisory Opinion on EMS Compact**

A legal advisory opinion on the constitutionality of the EMS Compact is available at: <https://nasemso.org/wp-content/uploads/REPLICA-Legal-Advisory-Opinion-Rulemaking.Revised.pdf>.

#### **h. FirstNet Authority Releases Public Safety-Driven Roadmap for Future of Network**

The First Responder Network Authority (FirstNet Authority) marked a significant milestone today with release of a new Roadmap for the future of FirstNet, the nationwide public safety broadband network. Unveiled at the APCO International Conference and Expo in Baltimore, the FirstNet Authority Roadmap builds on the organization's nationwide engagement with public safety to gather feedback on the most important communications capabilities for their missions. Through hundreds of individual engagements, workshops, and summits with first responders, the FirstNet Authority developed prioritized technology areas to ensure the Roadmap reflects their specific communications needs. Read more at: <https://www.firstnet.gov/network/roadmap>.

#### **i. 9-1-1 Location Accuracy Debate**

NASEMSO Communications Technology Advisor Kevin McGinnis says that the nation's public safety representatives are preparing to engage again in the 9-1-1 location accuracy debate. The FCC is considering requests from commercial wireless carriers to extend a deadline on when the 25 largest population centers must be served by wireless service which can accurately locate a



caller to 9-1-1. The current deadline, 2021, is supposed to see the establishment of a technological capability to allow dispatchers to know the “dispatchable location” of a caller in an urban area. That would be a specific building, and the office, suite, apartment, or other room designator in the building. “Dispatchable location” is a gold standard substituted a few years back for X,Y and Z (height) axis distances from the caller’s physical location in a building.

Seeking the capability for determining “dispatchable location” delayed FCC implementation of its proposed standard for X,Y, and Z axis distances. The Z axis distance, the most controversial proposal, was 3 meters. This would allow determination of the caller’s floor in a building in most case. Along with the X and Y distances, this would allow responders to locate a caller in most buildings. In the intervening years, it has become evident that dispatchable location cannot be accurately determined by current technology in time for the 2021 deadline. However, current technology does enable X,Y, and Z axis distance determination to the standards originally proposed by the FCC. NASEMSO will continue to partner with the IAFC, IACP, and National Sheriff’s Association in particular, and other public safety and EMS associations to urge the FCC to pursue the X, Y, and Z axis standards, a position it has held for several years.

#### **j. Mass Casualty Trauma Triage: Paradigms and Pitfalls**

APSR Tracie has released this white paper highlighting some of the challenges of mass casualty response and triage during disasters, and areas in which EMS agencies and hospitals can consider changing their processes to improve care in the face of overwhelmed systems. The focus of this paper is EMS and hospital response to incidents of mass violence—particularly mass shootings—but also vehicular or bomb attacks on crowds where the scene is dynamic, the numbers of patients is exceedingly high, and the mechanism of injury is frequently life-threatening and time sensitive. Read more at: <https://files.asprtracie.hhs.gov/documents/aspr-tracie-mass-casualty-triage-final-508.pdf>.

#### **k. Mass Attacks in Public Spaces**

Between January and December 2018, 27 incidents of mass attacks – in which three or more persons were harmed – were carried out in public spaces within the United States. In total, 91 people were killed and 107 more were injured in locations where people should feel safe, including workplaces, schools, and other public areas. The loss of life and traumatic nature of these attacks had a devastating impact on the victims and their families, local communities, and the entire nation.

The violence described in this report is not the result of a single cause or motive. The findings emphasize, however, that we can identify warning signs prior to an act of violence. While not every act of violence will be prevented, this report indicates that targeted violence may be preventable, if appropriate systems are in place to identify concerning behaviors, gather information to assess the risk of violence, and utilize community resources to mitigate the risk. Read more at: [file:///C:/Users/tew22849/Downloads/826876%20\(2\).pdf](file:///C:/Users/tew22849/Downloads/826876%20(2).pdf).

## **l. Distracted Driving a Threat to First Responders**

According to a survey released by the National Safety Council and the Emergency Responder Safety Institute, 71 percent of U.S. drivers take photos or videos when they see an emergency vehicle on the side of the road responding to a fire or a crash, and sixty percent post to social media. Read more at:

[https://learning.respondersafety.com/News/Disturbing\\_survey\\_responses\\_from\\_Drivers.aspx](https://learning.respondersafety.com/News/Disturbing_survey_responses_from_Drivers.aspx).

## **m. Monthly NEMSIS Public Trainings**

Monthly NEMSIS Public Trainings are open to all data managers and EMS stakeholders that would like an introduction to NEMSIS concepts or additional clarification on specific topics.

The September training, Overview of Changes to v3.5.0, was attended by 40 people – with lots of great questions! The next offerings are:

November 5: Using Tableau Dashboards – Kevin White will explain the basics of using Tableau including the User Tool Bar. 10:00 AM MDT

December 3: Flu Surveillance Tools – Presented by Laurel Baeder. 10:00 AM MDT

Find the flyer and additional information at: <https://nemsis.org/view-reports/public-training-sessions/>.

For more information, contact Julianne Ehlers at [julianne.ehlers@hsc.utah.edu](mailto:julianne.ehlers@hsc.utah.edu) or [nemsis@hsc.utah.edu](mailto:nemsis@hsc.utah.edu).

## **n. Date Extended for Version 3.3.4 Data Submittal**

NHTSA's Office of EMS and the NEMSIS TAC have worked together to extend the date for Version 3.3.4 data to be submitted. This version will remain open until March 2021. The closure date for NEMSIS Version 3.4.0 is still on track for January 2023. The official notice from Dr. Jon Krohmer can be viewed at: <https://nemsis.org/wp-content/uploads/2019/08/334extensionletterNHTSA.pdf>.

See the NEMSIS Versioning Schedule at: <https://nemsis.org/v3-5-0-revision/when-will-changes-take-place/>.

## **o. Newly Published Systematic Review Examines Effectiveness of Different Pain Management Options in the Prehospital Setting**

EMS clinicians frequently care for people suffering from acute pain. Adequate pain relief is integral to providing people-centered care and has been known to reduce anxiety and cardiac complications in some patients. With multiple analgesic options available, EMS systems face choices when deciding how best to treat acute pain in the prehospital environment.

To help EMS systems develop evidence-based practices, the National Highway Traffic Safety Administration (NHTSA) Office of EMS collaborated with the Agency for Healthcare Research and Quality (AHRQ) to support a review of the evidence and effectiveness of a number of analgesic options. The reviewers, a team from the University of Connecticut Evidence-based Practice Center, analyzed more than 60 published studies and looked at treatments including opioids, ketamine, non-steroidal anti-inflammatory drugs (NSAIDs) and acetaminophen.

Based on their analysis, the authors concluded that intravenous ketamine, NSAIDs or acetaminophen provide similar relief to opioids, but each medication type has different side effects. They acknowledged, however, that most studies were conducted in emergency department settings and looked at IV administration of medications. They encouraged further research examining the effectiveness and safety of other routes and specifically in the prehospital setting.

# **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 October 2, 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 October 3, 2019. There are no action items for the Board. 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 has been issued to allow their first cohort to occur.
    - d) Augusta County has submitted documentation for accreditation. Their Letter of Review has been issued to allow their first cohort to occur.
    - e) 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.
    - 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 interest in BLS accreditation continues to grow. We currently have 15 programs that are approved for internal psychomotor competency verification in adherence to the TR-90A policy. Five programs are still approved under the original BLS accreditation process and the Office will be working with them to move them to convert them to psychomotor exempt programs as well.

## 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. They have been 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) 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>. Awaiting the report from CoAEMSP.

b) Blue Ridge Community College has been issued their LOR from CoAEMSP and is enrolling students for their first cohort class.

c) Thomas Nelson Community College has completed their first cohort class and are working on submission of their initial report to CoAEMSP.

6. Paramedic – Reaccreditation

a) 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>
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1. The 2020 National Registry recertification cycle opened on October 1, 2019. As in the previous two years, the Division of Accreditation Certification and Education has developed a Quick Guide to assist all certified providers in Virginia who maintain their National Registry certification with an abbreviated process to completing the recertification application. The quick guide is available on the OEMS webpage at the following link: <http://www.vdh.virginia.gov/content/uploads/sites/23/2019/10/Quick-Guide-Completing-National-Registry-Recertification-Application-2019.pdf>.
2. National Registry has sent a notification to all programs reminding them of the December 31, 2019 deadline to complete the testing process to gain Virginia I-99 certification. As of January 1, 2020 the ability to gain certification in Virginia as an I-99 will no longer exist. The Office has relayed this information to all programs as well and has worked with ALS test sites to make sure opportunities exist for candidates seeking I-99 certification.
3. 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.

4. 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 Changes:**

#### **Under 18 Testing Candidates Will Now Take Certification Exam – Not Assessment Exam**

Effective October 1, 2019, National Registry remove the age requirement for taking the National Registry cognitive examination. All students, regardless of age, will now register to take the National Registry EMT cognitive examination, selecting their Education Coordinator teaching the class as their Program Director.

Virginia Education Coordinators will be able to approve their application for course completion and track their progress through the testing process.

National Registry is removing all existing assessment examination applications in their system for current students. Any student who had completed an assessment examination application will need to and submit the certification application.

#### **Test Scores to Remain Valid for Two Years:**

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 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.

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.

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 October 17, 2019, there are 12 EC Applicants and 212 EC Candidates.
2. The Division is returning to its previous practice 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 August 2019—one in the PEMS Region in August and one in SWEMS Region in October. The schedule of updates for 2020 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.

<b>EMS Training Funds</b>
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**Table. 1 – Virginia EMS Scholarship Program – FY19 (Q1)**

Certification Level	No. Awarded	Amount Awarded
EMR	--	--
EMT	111	\$69,739.00
AEMT	1	\$1,324.00
Paramedic	138	\$490,724.00
<b>Grand Total</b>	<b>250</b>	<b>\$561,787.00</b>

<b>Psychomotor Test Site Activity</b>
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- A. With the retirement of Warren Short and Peter Brown, the Consolidated Testing process has moved back to the Division of Accreditation, Certification and Education. Until a position is filled that will have oversight of the testing and accreditation, all CTS Supervisors are reporting to Debbie Akers.
- B. Interviews will be conducted for open examiner positions in the Northern Virginia region in the near future.
- C. A workgroup has been established and will conduct their first meeting in December, 2019 to review the psychomotor testing process for non-accredited BLS programs. The committee will review the current process and determine what changes should be considered based on the new focus identified by National Registry at the NAEMSE conference in August, 2019 in Fort Worth, Texas.

## 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 has been released and a stakeholders meeting was held on October 3, 2019 in Washington, DC. The committee is now taking the comments received during the public comment phase and at the stakeholders meeting to make revisions. The second draft will be released in Spring 2020 with an anticipated effective date of August 2020.
- Debbie Akers participated in a meeting with National Registry to discuss future collaborative work on testing, certification and research.

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



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

## 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 are submitting their FY19 First Quarter reports throughout the month of October, and are under review. OEMS has transitioned to a web based reporting application to replace Lotus Notes for the Regional EMS Councils to submit quarterly deliverables.

The Central Shenandoah EMS Council/Virginia OEMS Regional Office transition has continued with the hiring of the first full time position. The OEMS welcomes Daniel Linkins who started working for the OEMS on October 10, 2019 as the CSEMS Regional Program Manager. Mr. Linkins comes to OEMS from John Tyler Community College, where he served as the EMS Program Director.

OEMS staff and division managers assisted with the onboarding processes, and provided a general overview of the position. The first week at the CSEMS office included meeting with staff to understand the current state of the council office and daily operations, reviewing documents (board meetings minutes, annual and quarterly reports, etc.) and identifying priorities for the office. Daniel attended the Legislative and Planning Committee Meeting in Richmond on 10/16, and the Virginia Fire Chiefs Association meeting on 10/17 in Staunton, VA. Daniel has also met with Ms. Becky Anhold, OEMS contract employee, regarding protocol training and LMS needs. Access to service applications has been limited. Daniel's email access has been established and he can be reached at [daniel.linkins@vdh.virginia.gov](mailto:daniel.linkins@vdh.virginia.gov).

Scott Winston visited the office on Friday, October 18 to discuss operations with the CSEMS Board President, Medical Director, and the new OEMS Program Manager. This meeting reviewed plans for protocol rollouts, learning management system needs, potential changes to the regional drug box program, research possibilities, and mechanisms of support for the new OEMS office. The Program manager is currently arranging meetings with various stakeholders in the region. He has met with the regional Education Coordinator for the OEMS, Jacob Flickinger, to discuss the training needs of the region, as well as barriers and opportunities for collaboration. OEMS is working to establish a lease agreement with the Virginia Department of General Services, Bureau of Real Estate Services, connect COV network access for the regional office, and provide portal access in order to move forward with projects. Meanwhile, a Medical Control Review Committee meeting has been scheduled for Tuesday, October 29, 2019 to review the committee restructuring process and identify

needs of the region. Shortly thereafter, work will begin on the Employee Work Profiles for the approved office positions.

## Medevac Program

The Medevac Committee is scheduled to meet later in November 2019 – date to be determined. The minutes of the August 1, 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 441 entries into the Helicopter EMS system in 3Q of the 2019 calendar year. 57% of those entries (253 entries) were for interfacility transports, which is consistent with information from previous quarters. The total number of turndowns is a decrease from 779 entries in 2Q of 2018. This data continues to demonstrate HEMS program commitment to maintaining the safety of medevac personnel and equipment.

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

The Office of EMS has developed a form 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 the November 9, 2016 meeting. The Plan was presented to the Board of Health, and unanimously approved at their March 16, 2017 meeting.

Review and revision of the State EMS Plan began in early 2019. Committee chairs, OEMS staff, and Regional EMS Council staff have received the current 2016-2019 plan and the guidance documents for the triennial review and revision period. Reports from committees for edits, additions and deletions have been compiled into a draft of the 2020 State EMS Plan. On October 16, 2019, the Legislative and Planning Committee met to review the Plan and made final edits. The committee subsequently voted unanimously to approve the draft 2020-2022 State EMS Plan.

The final draft of the State EMS Plan is an action item from the Legislative and Planning Committee to the state EMS Advisory Board for approval, and can be found in **Appendix A**. Upon approval by the state EMS advisory Board, the Board of Health will be requested to adopt the plan at their March 5, 2020 meeting.

The current version (2016-2019) 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 met on August 1, 2019 in conjunction with August EMS Advisory Board meetings. The minutes of the August 1 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 is scheduled to meet on November 8, 2019 in conjunction with the Virginia EMS Symposium. 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 is being held at the 40<sup>th</sup> EMS Symposium with 30 registered students. The EMSO1 online education format has been transitioned onto a Learning Management System (LMS) and is being utilized as a course offering at this year's EMS Symposium.

The committee is currently finalizing some adjustments and working to the overall program and are instituting an instructor Train-the-Trainer program. The committee plans to release the

EMSO1 Course from a pilot program in early 2020. The development of the subsequent EMS Officer Courses will begin following the full release of EMS Officer 1.

### **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 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 during the R&R training day at Albemarle Fire Rescue on October 12, 2019. The network is comprised of membership from Virginia, Maryland and West Virginia with over 300 members. The network’s next meeting is scheduled for Thursday, November 7, 2019 at 1900 hours at the Blue Moon Taphouse, 333 Waterside Dr. #108, Norfolk, VA 23510, and also during the Virginia Fire Chief’s Conference in February 2020.

The mission of the Virginia Recruitment and Retention Network is “to foster an open and unselfish exchange of information and ideas aimed at improving staffing” for volunteer and career fire and EMS agencies and organizations.

CHaTR Staff assisted with promoting and attended the Recruitment and Retention Network’s hosting of a session of “Keeping the Best” that was held at the First Responder Virginia Conference in Hampton, VA in August.

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



## System Assessments

CHaTR staff assists the Virginia Fire Services Board and the Virginia Department of Fire Programs (VD FP) with evaluations of the Fire and EMS systems in localities in Virginia.

The most recent study was conducted in Southampton County, September 25-27, 2019. The final report of that study has not been released.

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 created in 2015 reconvened on September 19, 2018, with Dr. Allen Yee again serving as chair. The workgroup has met on May 30, June 25, July 23, August 27, and October 23, 2019.

View previous meeting minutes at the link below:

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

OEMS collaborated with the VDH Office of Health Equity to hold a one-day MIH/CP Summit at the Holiday Inn – Monticello in Charlottesville on August 16, 2019. The summit's agenda included several focused presentations by both local and national subject matter experts and was attended by 50 participants from throughout Virginia.

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 is presenting at the Virginia Rural Health Association (VRHA) Rural Health Voice Conference on November 20 and 21 in Martinsville. Information on the conference can be found at <https://vrha.org/2019-conference/>.

## Miscellaneous

CHaTR staff represented the Office of EMS at the North Carolina Office of EMS's EMS Expo – September 29-October 1, 2019 in Greensboro, NC.

# **Division of EMS Emergency Operations**

## **IV. Division of 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 CISM/Peer Support Accreditation Program 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

## **Emergency Operations**

- **Hurricane Dorian**

The Division of Emergency Operations assisted the Virginia Department of Health and Virginia Department of Emergency Management in preparation of and response to impacts from Hurricane Dorian. Karen Owens, served as ESF-8 staff and provided guidance to localities and EMS agencies regarding potential evacuation activities.

- **Online Communications Directory**

The Division of Emergency Operations released updated Communications Directory this quarter. The online database provides an opportunity for providers to access contact information, including phone numbers, addresses, and radio frequencies, during emergency and non-emergency situations. The data which can be filtered, searched, and sorted based on a variety of

fields, is also able to be updated in a more timely manner. The Communications Directory is available at <https://vdhems.vdh.virginia.gov/emsapps/f?p=EMSWEB:COMMUNICATIONS>

- **Radio System Testing**

Rich Troshak and Sam Burnette successfully completed a test of the Division of Emergency Operations' deployable radio cache in Norfolk, Virginia on September 26, 2019. Testing was conducted at the site of the annual Virginia Office of EMS Symposium and demonstrated the successful implementation and benefits of adding P25 Phase I capabilities to the radio cache.

- **Cardinal Resolve Exercise**

Karen Owens participated in the full-scale, statewide exercise on October 23, 2019. The exercises focused on deployment of resources through the strategic national stockpile and agency response to an outbreak. During the exercise Mrs. Owens served in the ESF-8 position of the Emergency Operations Center.

- **Commonwealth of Virginia Safety Officer Network Meeting**

Sam Burnette attended a Commonwealth of Virginia Safety Officer Meeting held at the Virginia Department of Fire Programs on October 1, 2019. A presentation was delivered by the Virginia Department of Labor and Industry on the Virginia Occupational Safety and Health (VOSH) as it relates to state agencies. Topic of interest mentioned was the Virginia Safety and Health Codes Board voting to start the promulgation process for a comprehensive Heat Illness Regulation for Virginia workers and employers in the private and public sector.

- **L3Harris Radio Maintenance Training**

Sam Burnette and Rich Troshak attended technical training at L3Harris Technical Training Center in Lynchburg on October 16-17, 2019. The course – *XL200P Radio Maintenance* – will allow OEMS to maintain their cache of these multi-band, LTE, and P25 portable radios at their highest performance efficiency.

- **Health and Human Services Subpanel**

Karen Owens attended the September 10 meeting of the Health and Human Services Subpanel. The committee received presentations regarding gun violence incidents within Virginia as well as information regarding steps being utilized to decrease incidents and prevent deaths as a result of gun violence.

- **Ebola Update**

Karen Owens received an update on the ongoing Ebola outbreak and response planning information via webinar on August 6, 2019.

- **Hurricane Update**

Karen Owens and Caron Nazario attended a Hurricane update provided by the Virginia Department of Emergency Management. The information included hurricane forecasts, updates to the response plans.

- **Gun Violence Prevention**

Karen Owens participated in multiple meetings this quarter focused on the activities of the Virginia Department of Health aimed at preventing gun violence. The meetings allowed representatives from various VDH offices to discuss the current methods utilized and data collected by each office.

- **Distracted Driving Summit**

Frank Cheatham, Logistics Coordinator, participated in a panel during the annual Distracted Driving Summit in Roanoke, Va. on September 24-25, 2019. The panel provided information on the impact of distracted driving and importance of roadway incident management.

## **Training Programs**

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

Sam Burnette aided the Virginia State Police (VSP) in the delivery of a *Fusion Liaison Officer* training class held at the Newport News Police Department on October 29<sup>th</sup> and 30<sup>th</sup>. He delivered two presentations – “Suspicious Activity Reporting” and “Public Health/EMS Intelligence”. The course participants include law enforcement, fire and emergency medical services, and other public safety personnel from the Hampton Roads area of Virginia.

- **ICS 400 – Advanced Incident Command System for Complex Incidents Training**

Sam Burnette assisted the Virginia Department of Health’s Office of Emergency Preparedness and Response (EPR) deliver an ICS-400 training class conducted at the Chesterfield Health District office. The class, held on September 18<sup>th</sup> and 19<sup>th</sup>, was attended by public health personnel from both the Chesterfield Health District and the Crater Health District. The program provides senior leaders with the knowledge and skills needed to manage multiple simultaneous events or large complex incidents.

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

Karen Owens participated in multiple meetings to assist in the development of the CBERS 2020 training program. The new program will focus on responder mental health.

- **Traffic Incident Management (TIM) Train the Trainer**

On September 17-18, 2019, the Office of EMS hosted a Traffic Incident Management Train-the-Trainer. The course, which was attended by approximately 25 students, prepares roadway incident responders to teach others how to safely respond to roadway incidents.

## **Communications / Emergency Medical Dispatch**

- **North Carolina APCO Conference**

Rich Troshak was invited to speak at the North Carolina APCO conference held in Winston-Salem on September 8-11, 2019. In addition to teaching a leadership class for the attendees, Rich did some benchmarking on EMD usage and reviewed recent changes to legislation that mandates EMD for every PSAP in North Carolina.

- **Traffic Incident Management System (TIMS) Interoperability Committee**

Sam Burnette and Rich Troshak attended the Traffic Incident Management System (TIMS) Interoperability Committee meeting held at the Virginia State Police Headquarters on September 22, 2019. Primary topic discussed was update to the State's COMMLINC system scheduled to begin in 2020.

- **Advisory Board Communications Committee Meeting**

The communications committee met on August 2, 2019 however did not have a quorum. The attendees participated in an informational meeting on the topics of EMD accreditation, interoperability and grants.

The Communications Committee met on October 22, 2019 in Roanoke, Virginia in conjunction with the 2019 Virginia APCO/NENA/Interoperability Conference. Rich Troshak provided an update on the accreditation program, and EMD issues that have arisen since the last meeting.

- **Virginia NENA/APCO Spring Conference**

Sam Burnette and Rich Troshak attended the 2019 Virginia APCO / NENA / Interoperability conference held in Roanoke, Virginia on October 21<sup>st</sup> to 25<sup>th</sup>. They attended meetings to include the Statewide Interoperability Executive Committee (SIEC), Virginia APCO Board, and the Virginia NENA Board. They attended presentations on planning for large scale events, 5G technologies, P25 interoperability, as well as other 9-1-1 and EMS field operations related topics.

## Planning

- **EMS Emergency Management Committee**

Karen Owens staffed the EMS Emergency Management Committee meeting on August 1, 2019 as a part of the quarterly State EMS Advisory Board. Discussions during the meeting included new administrative processes for MCIM I and II to aid in better data collection, new triage tags, and additional training topics related to Emergency Management, such as prevention of exposure and provider safety.

- **Central Virginia Emergency Management Agency (CVEMA) Symposium**

Caron Nazario attended the CVEMA Mass Care Symposium on August 8, 2019, held at Gayton Baptist Church. The even included speakers and education aimed at assisting agencies in preparing to provide mass care to citizens during emergency events.

- **Chemack Plan Development**

Karen Owens participated in a meeting to review the ChemPack plan, focusing on the dispatch and delivery processes. The meeting on October 2, 2019 involved partners from Virginia State Police, Virginia Department of Health and the Virginia Department of Emergency Management.

## Provider Health and Safety

- **Provider Health and Safety Committee**

The Provider Health and Safety Committee met August 2, 2019 in conjunction with the quarterly state EMS Advisory Board. The committee discussed the issue associated with provider exposure to decedent fluids and general exposure concerns. Additionally the committee reviewed the CISM/Peer Support Accreditation requirements and approved adjustments.

- **CISM - Peer Support Team Accreditation**

Over the previous quarter the following teams were approved for conditional accreditation:

- Fairfax County Peer Support Team/Incident Support Services
- Virginia Beach Police Department Peer Support

- **CISM – Peer Support Team Activity Reporting**

Over the course of the previous quarter teams reported 23 activities, including education sessions, training classes, meetings, and debriefings (both group and one-on-one).

- **Provider Exposure and Testing**

Karen Owens attended a meeting with other Virginia Department of Health representatives to discuss possible activities regarding prevention of and response to exposure to decedent bodily fluid.

- **Provider Mental Health Survey**

Between July and August 2019, the Virginia OEMS conducted a statewide survey of the mental health status of Virginia's EMS providers, as well as the perceived mental health culture and services within the providers' agencies. Every EMS provider within the Commonwealth of Virginia with a working email received the survey, which resulted in 3,003 valid responses.

- The majority of the respondents consisted of full time (59.4%) and volunteer (26.5%) EMS providers with 64.3% of the respondents operating with an agency that provides fire suppression services.
- In a 30-day period, on average, EMS providers reported 6.8 days of poor mental health, 6.1 days of feeling sad, blue, or depressed, 9.3 days of feeling worried, tense or anxious, and 14.3 days of feeling they received insufficient rest or sleep.
- 76.6% of the providers reported that they believed they experienced burnout, traumatic stress, PTSD, depression, or suicidal tendencies at least once during their service as an EMS provider. Of these providers, only 32.4% sought help.
- In regard to agency mental health culture, 34.3% disagreed or strongly disagreed that EMS provider mental health is important to their agency, 42.1% disagreed or strongly disagreed that they would feel safe talking to a supervisor or upper leadership about mental health issues if needed, and 40.7% disagreed or strongly disagreed that their agency provides sufficient mental health support and services for EMS providers.

For stakeholders, the OEMS has launched a public dashboard on the VDH website that contains greater detail of the survey results. Data analysis of the results is ongoing. This data will be used to help the Division of Emergency Operations focus their efforts on provide mental health resources for EMS providers.



# **Division of Public Information and Education**

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

### **Public Relations**

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

##### *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 July – September are as follows:

- **July** - Save the Date - Registration for the 40th Annual Virginia EMS Symposium opens July 15, Plan to attend the 2019 Virginia EMS Symposium, holiday office closures, water safety tips, IAFC recruitment and retention certification course, EMS educators meeting, Symposium hotel room blocks, extreme heat infographic, heat-related illness symptoms, summer Education Coordinator Institute.
- **August** - VDH Office of Health Equity Virginia Mobile-Integrated Healthcare Community Paramedicine Summit, Virginia's Annual Sales Tax Holiday including emergency preparedness materials, Ready.gov tips for active shooter situations, 2019 EMS Provider Mental Health Survey, Reminder to register for the 2019 symposium, December 2019 RSAF Grant cycle is now open, 2019 Ebola Virus & Emerging Infectious Disease Summit, Draft 1 of the new National EMS Education Standards, Spirit Night with a special dinner cruise on the Elizabeth River, Governor's EMS Awards ceremony featuring Keynote Speaker J.R. Martinez, symposium inspirational magician and dinner theater event, OPE-908 Active Shooter general session, HEA-610 EMS from Death's Perspective general session, HEA-632 Reconnect with the Why general session, Category 1 CE Course Announcement at Prater Fire Rescue, important reminders about disaster assistance and tech issue regarding the reporting of CE classes that have been completed through EMSAT courses hosted by Centrelearn.
- **September** - National Preparedness Month, Governor's declared a state of emergency in advance of Hurricane Dorian, Preparedness Month Tips, Category 1 CE Course Announcement at Cleveland Life Saving Crew, World Suicide Prevention Day & September is National Suicide Prevention Month – Make the Call campaign, September 11 memorial tribute, Symposium registration deadline reminder, Continuing Education Course

Announcement at Accomack County Station 20 - Oak Hall Rescue, important updates for the 40th Anniversary Celebration of the #VaEMS2019 Symposium, Advanced Cardiac Life Support (ACLS) for Experienced Providers symposium class ad, GRIN - Group Crisis Intervention and Assisting Individuals in Crisis (ICISF) symposium class ad, free symposium registrations available courtesy of EMS for Children program, Request for photos to highlight agencies at the 40<sup>th</sup> annual Va. EMS Symposium, General Session ad with Randolph Mantooth, from the TV show "Emergency" and Governors' EMS Awards flyer featuring Keynote Speaker J.R. Martinez.

*Via GovDelivery Email Listserv (July - September)*

- **7/15/19** - Registration Opens July 15 for the 40th Annual Virginia EMS Symposium
- **7/24/19** - Demographic Data Issues (Virginia Elite System)
- **8/6/19** - [EMS Users] EMS Data Quality Report – June 2019
- **9/10/19** - [EMS Users] EMS Data Quality Report – July 2019
- **9/18/19** - The 40th Annual Virginia EMS Symposium Updates

#### **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.

#### **Training**

- Sept. 16 - PR Coordinator and PR Assistant attended the Virginia Emergency Operations Center ESF-8 training. This is an annual update that is conducted by VDH.

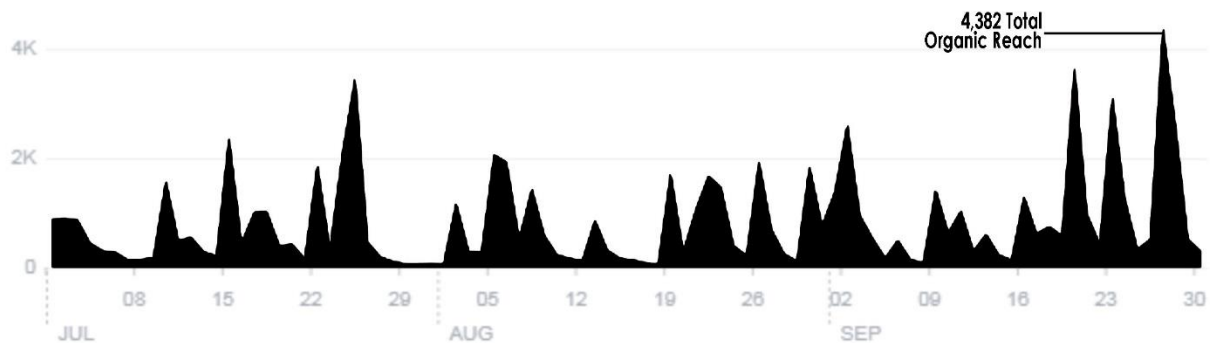
### **Social Media and Website Statistics**

As of October 25, 2019, the OEMS Facebook page had 6,798 likes, which is an increase of 172 new likes since July 20, 2019. As of October 25, 2019, the OEMS Twitter page had 5,650 followers, which is an increase of 923 followers since July 20, 2019.

**Figure 1:** This graph shows the total organic reach\* of users who saw content from the OEMS Facebook page, July – September. Each point represents the total reach of organic users in the 7-day period ending with that day. **Our most popular Facebook post was posted on September 23, 2019. This post garnered 10,292 people reached and 917 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.*

### Facebook Reach Activity July 1 - September 30, 2019



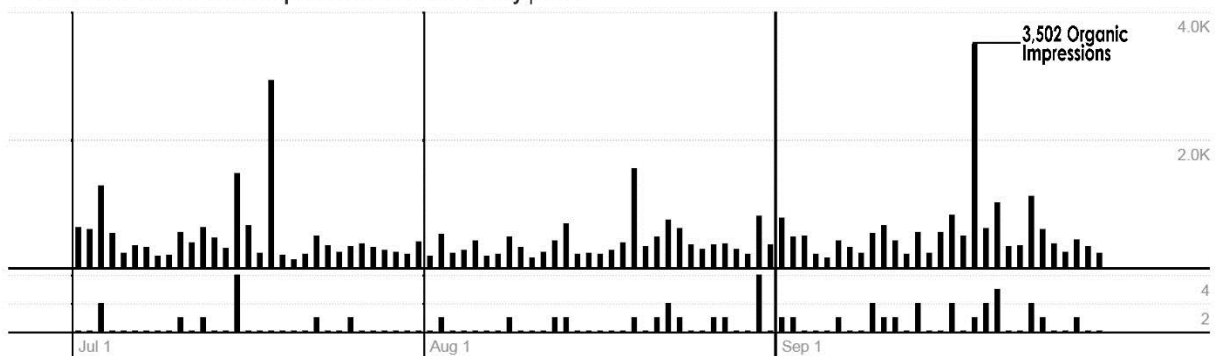
**Figure 2:** This graph shows the total organic impressions\* over a 91-day period on the OEMS Twitter page, July - September. **During this 91-day period, the OEMS Twitter page earned 502 impressions per day. The most popular tweet received 2,000 organic impressions.**

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

### Tweet Activity

July 1 - September 30, 2019

Your Tweets earned 45.7K impressions over this 91 day period



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

July	<ol style="list-style-type: none"> <li>1. Authorized Durable DNR form 2017 (406)</li> <li>2. RSAF Awards List July 2019 (333)</li> <li>3. CentreLearn Instructions (280)</li> <li>4. Scope of Practice Formulary 2/8/19 (247)</li> <li>5. Scope of Practice Procedures 2/8/19 (217)</li> </ol>
August	<ol style="list-style-type: none"> <li>1. Authorized Durable DNR form 2017 (357)</li> <li>2. TR-06 Course Roster 10/25/18 (312)</li> <li>3. How to apply for the Virginia EMS Scholarship Quick Guide (265)</li> <li>4. Scope of Practice Procedures 2/8/19 (246)</li> <li>5. Scope of Practice Formulary 2/8/19 (242)</li> </ol>
September	<ol style="list-style-type: none"> <li>1. Authorized Durable DNR form 2017 (317)</li> <li>2. TR-06 Course Roster 10/25/18 (260)</li> <li>3. Scope of Practice Formulary 2/8/19 (238)</li> <li>4. 2019 Symposium Catalog (233)</li> <li>5. TR-53A BLS CE Requirements (191)</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 July – September 2019.

	Unique Pageviews	Average Time on Page (minutes: seconds)	Bounce Rate (Average for view)
July	9,058	00:20	24.22%
August	9,660	00:22	23.60%
September	9,549	00:21	23.76%

### 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 Symposium**

- PR Coordinator wrote an article about the 40<sup>th</sup> Annual Virginia EMS Symposium and submitted an ad for the fall edition of the Commonwealth Chiefs Magazine.
- PR Assistant designed a promotional flyer for the North Carolina EMS Expo.
- PR Coordinator finished the design and layout of the Symposium Catalog and sent to printer. Posted online August 13, 2019.
- PR Coordinator updated the Symposium webpages on the OEMS website.
- PR Assistant finished editing Symposium course content for online registration.
- PR Assistant coordinated the shipping of the symposium catalogs to all Virginia EMS agencies and Regional EMS Councils.
- PR Coordinator started gathering information for the 2019 Symposium mobile app on Apple and Android devices.
- PR Coordinator worked with symposium sponsorship coordinator on sponsored items, inserts for symposium packets, signage requirements, etc.
- PR Coordinator updated symposium webpage, to include all symposium forms, worksheets, catalog, flyers, sponsor info, symposium commercial, etc.
- PR Coordinator prepared signage needs for the Virginia EMS Symposium.
- PR Assistant started coordinating supply order items that would be needed for symposium registration packets and placed supply order for such items.
- PR Assistant reviewed online symposium course descriptions and assigned certification criteria.
- PR Coordinator starting drafting the Symposium On-Site Guide.

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

- PR Assistant prepared the Governor's EMS Awards nomination packets for the Awards Nomination Committee members to review and organized the Governor's EMS Awards Nomination Committee meeting, which was conducted on August 16, 2019.
- PR Assistant worked with the Regional EMS Councils to prepare and submit their nomination packets for the Governor's EMS Awards.
- PR Assistant prepared order for the Governor's EMS Award pyramids, which will be presented to winners at the Governor's EMS Awards banquet.

- Sept. 17 - PR coordinator submitted a Decision Memo request for the Governor's Office to review the Governor's EMS Award selections and provide signed certificates for the winners.
- PR Coordinator prepared Decision Memo requesting the Governor's attendance at the Annual Governor's EMS Awards, submitted September 4, 2019.
- PR Assistant designed Governor's EMS Awards banquet invitation, which was emailed to all award nominees. She also created an online submission form to receive symposium banquet RSVPs.

## **Media Coverage**

The PR Coordinator and PR Assistant are responsible for fielding the following OEMS media inquiries July – September, and submitting media alerts for the following requests:

- July 3 – Daily Press inquired about EMS Provider Salaries and Shortages of Providers in Virginia.
- July 12 – Kaiser Health News reporter inquired about air medical service response times.
- July 15 – Daily Press reporter inquired about emergency transport calls.
- Sept 25 - NBC reporter inquired about EMS Nationwide, and if it was an essential service per Virginia state law.

## **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 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.
- Upon request, the PR Coordinator and PR Assistant provide assistance for the preparation of 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 responses 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.

## VDH Communications Office

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

- **July - September** – 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 was scheduled through the October 21 when the new director will be hired.
    - The PR Coordinator is responsible for managing staff, approving and managing marketing campaigns, approving leave, project management, procurement of assets (Granicus, Hootsuite, Adobe, etc.) conducting monthly meetings, 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 VDH media alerts, updating the VDH New Employees photos for the VDH intranet, coordinating and sending the Commissioner’s clinician letters and replying to website feedback via the VDH website.
      - July 19, 2019 – PR Assistant sent Clinician Letter: Respiratory Illness
      - August 15, 2019 - PR Assistant sent Clinician Letter: Candida auris
      - August 20, 2019 – PR Assistant sent Clinician Letter: Respiratory Illness and Vaping.  
These Clinician Letters were sent through the VDH listserv, posted on the VDH website and shared via social media.



- The PR Assistant serves as secondary backup for VDH social media, listserv emails, Adobe Stock image requests, assisting with website feedback.
- **VDH Communications Conference Calls (Ongoing)** - The PR Coordinator and PR Assistant participate in bi-weekly conference calls and polycoms for the VDH Communications team.
  - PR Coordinator and PR Assistant participate in monthly Agencywide Communications Workgroup. The PR Assistant serves on the Policies and Procedures Workgroup sub-committee and the PR Coordinator serves on the Social Media sub-committee.
    - Sept. 4 – PR Coordinator and PR Assistant attended the Agencywide Communications Workgroup meeting.

# **Division of Regulation and Compliance**

## **VI. Regulation and Compliance**

The Division of Regulation and Compliance performs the following tasks:

- Licensure
  - EMS Agencies and vehicles
- Regulatory Compliance enforcement of:
  - EMS Agencies
  - EMS Vehicles
  - EMS Personnel
  - EMS Physicians
  - RSAF Grant Verification
  - Regional EMS Councils
  - Virginia EMS Education
  - Complaint\Compliance Investigations
  - Drug Diversion Investigations
  - LCR Database Portal Management
- EMS Physician (OMD/PCD) Endorsements
- Background Investigation Unit
  - Determine eligibility for EMS certification and/or affiliation in Virginia
- EMS Regulation Variance/Exemption application determinations
- Creation and/or Revision of EMS Regulation(s)
  - Utilizing the Virginia Division of Legislative Services, Regulatory Town Hall, and Department of Planning and Budget as required
- Provide Virginia General Assembly legislative session representation for the Office of EMS
  - Provide written and verbal consultation regarding proposed legislation being debated or considered, that involves or impacts the delivery of EMS in the Commonwealth of Virginia
- Educational Resource specific to Virginia EMS Regulation & Compliance
  - Educational programs provided on request and during most EMS conferences throughout the Commonwealth of Virginia
- Provide support to all standing Committees of and for the Virginia Governor's EMS Advisory Board
- Provide regulatory and compliance consultation services for EMS agencies and municipalities within the Commonwealth of Virginia

- Represent the Virginia Office of EMS, Regulation & Compliance Division on national boards and/or committees

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

#### EMS Agency/Provider Compliance

	2019 1st Quarte r	2019 2nd Quarte r	2019 3rd Quarte r	2019 4th Quarte r	2019 Totals	2018 Totals	2017 Totals
<b>Enforcement</b>							
<b>Citations</b>	<b>16</b>	<b>9</b>	<b>4</b>		<b>29</b>	<b>14</b>	<b>78</b>
EMS Agency	1	6	3		10	9	37
EMS Provider	15	3	1		19	5	41
<b>Verbal Warning</b>	<b>4</b>	<b>2</b>	<b>0</b>		<b>6</b>	<b>10</b>	<b>5</b>
EMS Agency	3	1	0		4	8	2
EMS Provider	1	1	0		2	2	3
<b>Correction Order</b>	<b>1</b>	<b>1</b>	<b>3</b>		<b>5</b>	<b>5</b>	<b>30</b>
EMS Agency	1	0	0		1	4	30
EMS Provider	0	1	3		4	1	0
<b>Suspension</b>	<b>4</b>	<b>12</b>	<b>3</b>		<b>19</b>	<b>40</b>	<b>22</b>
EMS Agency	0	0	0		0	0	1
EMS Provider	4	12	3		19	40	21
<b>Revocation</b>	<b>0</b>	<b>2</b>	<b>0</b>		<b>2</b>	<b>0</b>	<b>4</b>
EMS Agency	0	0	0		0	0	0
EMS Provider	0	2	0		2	0	4
<b>Compliance Cases</b>							
EMS Opened	78	53	35		166	160	77*
EMS Closed	*	*	*		*	91	53
<b>Drug Diversions</b>	<b>1</b>	<b>4</b>	<b>1</b>		<b>6</b>	<b>12</b>	<b>20</b>
<b>Variances</b>	<b>21</b>	<b>36</b>	<b>23</b>		<b>80</b>	<b>54</b>	<b>8*</b>
Approved	13	14	15		42	33	6
Denied	8	22	8		38	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

(0) 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	589		607	621
New Agency	2	2	2		6	5
New Vehicles	31	70	67		4,243*	4,679*
<b>Inspections</b>	726	1007	536		3,729	3,089*
Agencies Inspected	93	101	68		288	319
Vehicles Inspected	546	806	389		3097	2,278
Unscheduled “Spot” Inspections	87	100	79		389	492*

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

## Background Investigation Unit

The Office of EMS began 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	2777	2447	2024		7,248	7,318	7,633
Eligible	1519	1790	1861		5,170	6,578	6,015
Non-Eligible	10	10	16		36	48	46
Review Criminal history	47	30	58		135	38	1,362
Outstanding Waiting for results	15	8	6		Not cumulative		
Rejected Fingerprint cards	113	97	83		293		
Jurisdiction Ordinance	1073	512	453		2,038	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 which details all changes in regulatory language from Chapter 31 to 32 by comparison. This form was submitted to the Regulatory Town Hall on January 25, 2019.
- The decision was made to hold this draft (Chapter 32) and include regulatory language of what will be required for 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 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 produced only 1 public comment. Currently completing (TH-07) document regarding this comment. No changes are anticipated at this time.

### 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	222		*	*	*
New OMD's	*	*	3		>3	*	*
Re-Endorsed (5yr)	7	6	19		32	*	*
Conditional (1yr)	6	9	6		21	*	*
Expired Endorsement	6	4	4		14	*	*

2019 Regional OMD workshops were completed during Q2. The 2020 OMD workshops will begin during EMS Symposium on November 7<sup>th</sup> and the 2020 regional schedule will be posted on the Virginia Office of EMS website following Symposium. Interested OMD's can contact the Office to register for upcoming workshop.

Dr. George 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 developing 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 meeting on September 11-13, 2019 in South Hill, Virginia. The next divisional staff meeting is scheduled for December 10-12, 2019 in Glen Allen, 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 re-instatement 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 January 01, 2020. 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, retirement effective November 01, 2019.
- Paul (PJ) Fleenor, promoted to Supervisor on September 25, 2019
- Open Field Investigator position for NOVA currently posted and accepting applications

**Regulation and Compliance 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,

Phone: (804) 888-9133

Fax: (804) 371-3409

*Shirley Peoples*

Administrative Assistant,

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 agencies regarding results of background checks
- Assist Field Investigators (EMS 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 by inspections
- EMS vehicle initial and renewal permits and spot inspections
- EMS regulation development and compliance enforcement
- EMS complaint investigations
- Verify awarded EMS grants to eligible recipients from RSAF program
- Liaison and OEMS representative at various local and regional meetings with organizations to include but not limited to local governments (county, city, town), regional EMS Councils, VDEM, VDFP, OCME, federal/state and local law enforcement agencies, etc...
- Subject matter experts on the delivery of EMS within the Commonwealth
- 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)) – *Virginia - East*  
Wayne Berry ([Wayne.Berry@vdh.virginia.gov](mailto:Wayne.Berry@vdh.virginia.gov)) – *Coastal*  
Steve McNeer ([Stephen.McNeer@vdh.virginia.gov](mailto:Stephen.McNeer@vdh.virginia.gov)) – *Central*  
Doug Layton ([Douglas.Layton@vdh.virginia.gov](mailto:Douglas.Layton@vdh.virginia.gov)) – *Shenandoah*

Supervisor, Paul Fleenor ([Paul.Fleenor@vdh.virginia.gov](mailto:Paul.Fleenor@vdh.virginia.gov)) – *Virginia - West*  
Ron Kendrick ([Ron.Kendrick@vdh.virginia.gov](mailto:Ron.Kendrick@vdh.virginia.gov)) – *Appalachia*  
Scotty Williams ([Scotty.Williams@vdh.virginia.gov](mailto:Scotty.Williams@vdh.virginia.gov)) – *Highlands*  
Vacant - *NOVA*

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

# **Division of Trauma and Critical Care**

## VII. Division of Trauma and Critical Care

### Virginia Elite Updates

- The Division has been working with VITA and ImageTrend to add an additional application server and a database server. The project was completed in the beginning of the third quarter and system performance has improved. Due to the expansion we are now able to increase the number of records being exported to NEMSIS and barring further system issues, the backlog should be eliminated within the next quarter and we should be at real-time data submission by the beginning of 2020.
- The Biospatial upload is completed and we will begin a structured implementation this quarter. There will be live demos of Virginia's data available for viewing during Symposium on the 4<sup>th</sup> floor of the Marriott Wednesday and Thursday. We encourage you to stop by and view it.
- We will be transitioning to a new IT support ticketing system called IssueTrak which will allow for enhanced tracking and trending of issues and faster and more efficient response than our current ticketing system. More information will be shared as we approach the implementation phase.
- 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 continues to work with the Regulation and Compliance Division to increase agency compliance with Virginia EMS reporting requirements. As of the third quarter only 27% of Virginia's 605 licensed EMS agencies have completed the 2019 annual update. OEMS support staff continues to send direct emails to the non-compliant agencies and the assigned Program Representative is providing on site guidance to the agencies during their required inspections.

### **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.

We continue to have mapping issues with agencies that have chosen to utilize their own 3<sup>rd</sup> party software product. The 3<sup>rd</sup> party vendor may allow the agency to create its own "custom codes", however these codes must then be mapped to an acceptable NEMSIS 3 data value. Of the most recent 400,000 records reviewed, over 100,000 custom/non NEMSIS 3 data elements were submitted.

Support staff created individualized spreadsheets for each agency found to be submitting invalid codes that provided detailed information on the nonstandard items. We have encouraged the agencies to work with their 3<sup>rd</sup> party vendor to ensure the mapping issue is corrected.

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

- *Table 1: Number of Virginia EMS Agencies Classified by Average Incident Validity Score, June - August 2019*

Validity Score	June	July	August
Excellent (98-100)	334	350	346
Good (95-97.99)	58	62	58
Poor (< 95)	58	46	53
Failed to submit	81	78	72

*Table 2: Average Incident Validity Score by EMS Council Region, Third Quarter 2019, Virginia*

EMS Council Regions	July	August	September	Three Month Average
Blue Ridge	96.19	96.28	96.24	96.23
Central Shenandoah	99.28	99.02	99.14	99.14
Lord Fairfax	99.54	99.28	99.25	99.36
Northern	97.75	97.75	97.95	97.82
Old Dominion	99.03	98.98	98.93	98.98
Out of State/Other	96.11	96.32	96.14	96.19
Peninsulas	99.21	99.22	99.28	99.24
Rappahannock	98.54	98.66	98.62	98.61
Southwest	74.27	75.37	76.28	75.28
Thomas Jefferson	88.55	89.52	90.61	89.55
Tidewater	98.32	98.48	98.49	98.43
Western	98.98	99.16	98.91	99.02
<b>Average</b>	<b>95.48</b>	<b>95.67</b>	<b>95.82</b>	<b>95.65</b>

### **EMS Epidemiology**

The OEMS Epidemiology staff will be set up on the 4<sup>th</sup> floor of the Marriott at Symposium all week. They are there to answer any questions you may have and have brought multiple posters highlighting Virginia's EMS and trauma data.

Overall Summary: Virginia EMS agencies received/responded to a total of **416,272** transport calls in the third quarter of 2019. Summaries of the calls by Incident disposition, Gender, Age, and EMS Council Regions are tabulated below (Tables 1-4).



*Table 3: EMS Calls by Incident Disposition, Third Quarter 2019, Virginia*

<b>Incident Disposition</b>	<b>EMS Calls</b>
Assist	29,354
Canceled	44,988
Other*	260
Patient Dead at Scene	3,073
Patient Evaluated, No Treatment/Transport Required	3,786
Patient Refused Evaluation/Care (With Transport)	1,028
Patient Refused Evaluation/Care (Without Transport)	20,279
Patient Treated, Released (AMA)	12,911
Patient Treated, Released (per protocol)	2,008
Patient Treated, Transferred Care to Another EMS Unit	5,006
Patient Treated, Transported by Law Enforcement	532
Patient Treated, Transported by Private Vehicle	285
Patient Treated, Transported by this EMS Unit	283,466
Standby	9,291
Blank	5
<b>Grand Total</b>	<b>416,272</b>

\*Note: Other refers to: i) Transport of non-patient, organs, etc.; ii) Community Treatment Unit, Treated and Released; and iii) Z-TX with mutual aid transported.

*Table 4: EMS Calls by Sex, Third Quarter 2019, Virginia*

<b>Patient Sex</b>	<b>EMS Calls</b>
Female	179,975
Male	157,877
Not Applicable	9,088
Not Recorded	24,078
Unknown (Unable to Determine)	266
<b>Total*</b>	<b>371,484</b>

\*Note: Total does not include cancelled EMS calls.

*Table 5: EMS Calls by Age Groups, Third Quarter 2019, Virginia*

<b>Age Groups (Years)</b>	<b>EMS Calls</b>
Under 16	15,315
16 - Below 30	34,479
30 - Below 60	100,835
60 - Below 85	147,306
85 and Up	41,195
<b>Blank</b>	<b>32,154</b>
<b>Total*</b>	<b>371,284</b>

\*Note: Total does not include cancelled EMS calls.

*Table 6: EMS Calls by EMS Council Regions, Third Quarter 2019, Virginia*

<b>EMS Council Regions</b>	<b>EMS Calls</b>
Blue Ridge	19,775
Central Shenandoah	16,054
Lord Fairfax	10,545
Northern	69,344
Old Dominion	79,487
Out of State/Other	18,755
Peninsulas	30,452
Rappahannock	36,367
Southwest	26,169
Thomas Jefferson	11,866
Tidewater	59,937
Western	37,521
<b>Grand Total</b>	<b>416,272</b>

## **Trauma Incidents**

Of the total EMS calls (416,272) reported in the second quarter of 2019, 37,045 calls were trauma related (8.9% of the EMS call volume).

*Table 7: Top Ten Injury Types, Third Quarter 2019, Virginia*

<b>Top Ten Injury Types</b>	<b>Counts of Incidents</b>
Injury – Head	5,940
Injury – Not otherwise listed	5,506
Injury – Lower leg	2,725
Injury – Shoulder or upper arm	2,347
Injury – Hip	2,335
Injury – Face	2,306
Injury – Lower Back	2,176
Injury – Wrist, hand, or fingers	2,045
Injury – Neck	1,719
Injury – Forearm	908

*Table 8: Top Ten Hospital Destinations for Injury Calls, Third Quarter 2019, Virginia*

<b>Destination Hospital For Trauma Incidents</b>	<b>Counts of Incidents</b>
Roanoke Memorial Hospital	1,372
VCU Health Systems	1,318
Fairfax Hospital	1,274
UVA Health System	990
Norfolk General Hospital	965
Virginia Beach General Hospital	927
Riverside Regional Medical Center	882
Chippenham Hospital	780
Mary Washington Hospital	778
Northern Virginia Medical Center	769

## **Opioid Usage and Naloxone Administration**

Virginia EMS providers administer naloxone (Narcan) to patients with suspected opioid overdoses. A total of 2,814 naloxone administrations for 2120 incident overdose cases were reported from July – September 2019. Of the 2,611 naloxone administrations provided, an improved response was identified with 1,481 of the doses; the 1,481 doses were provided for 1,234 incident overdose cases. Comparing the number of incidents and the incidents with improved responses, 58.2% of the overdose cases showed positive responses to naloxone administration.

Figure 1: Naloxone Administration by Sex, Third Quarter 2019, Virginia

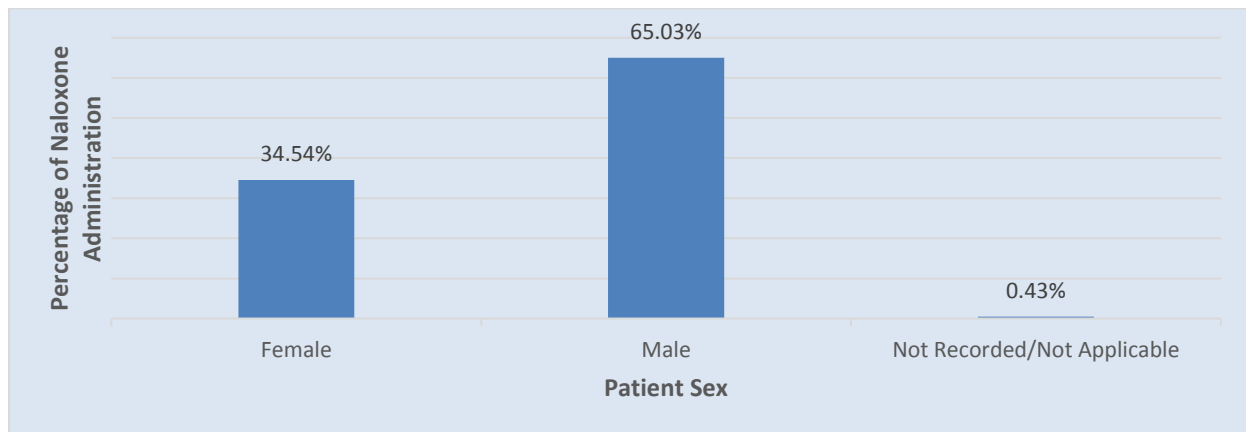


Figure 2: Naloxone Administration by Age Group, Third Quarter 2019, Virginia

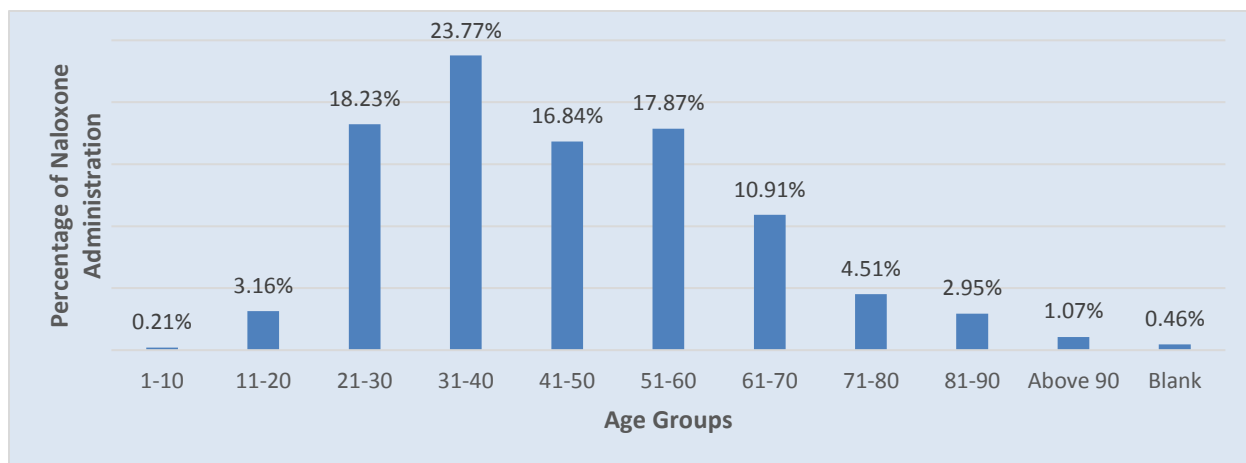


Table 9: Naloxone Administrations by EMS Council Region, Third Quarter 2019, Virginia

EMS Council Region	# of Naloxone Administrations
Blue Ridge	72
Central Shenandoah	52
Lord Fairfax	89
Northern	388
Old Dominion	868
Out of State/Other	8
Peninsulas	306
Rappahannock	204
Southwest	101
Thomas Jefferson	53
Tidewater	398
Western	275
<b>Grand Total</b>	<b>2,814</b>

## Trauma and Critical Care

### **Trauma Center Updates**

#### **○ Trauma Center Site Reviews Performed / Process Completed**

- June 19: Henrico Doctor's Hospital – Forest, Level II verification
  - Process completed: Verified for three years
- September 18: Reston Hospital Center
  - Process completed: Verified for three years
- September 26: Carilion Children's Hospital, Pediatric verification
  - In process
- October 3: Southside Regional Medical Center, Level III verification
  - In process
- October 24: Inova Fairfax Hospital, Level I verification

#### **○ Upcoming Site Reviews 1<sup>st</sup> Quarter 2019**

- Sentara Norfolk General Hospital, Burn Center Verification
- Sentara Northern Virginia Medical Center, Level III initial designation visit
- Two additional facilities have expressed interest in becoming trauma centers.
  - Sentara Northern Virginia Medical Center (Woodbridge) has officially declared its intention to become a designated Level III trauma center. A consultative visit by Trauma/Critical Care staff was performed on September 9<sup>th</sup> to help the facility identify strengths and weaknesses in the proposed program. Within two weeks of this visit a completed application for trauma center designation was received. The application was reviewed and found to be satisfactory. A provisional designation site review is currently being scheduled for January 2020.
  - Naval Medical Center – Portsmouth (NMCP) has expressed interest in becoming a designated trauma center, likely as a Level III. Two face-to-face consultation meetings have taken place between NMCP and Trauma/Critical Care staff, one at NMCP and one at OEMS. An official letter of intent and application are expected in early 2020.

- **Trauma System Committees**

- The Trauma Systems Committees (TSC) met on August 1<sup>st</sup> and 2<sup>nd</sup>. They continue to implement their respective portions of the Virginia Trauma System Plan. All seven Committees are currently focused on determining their respective data needs in order to accomplish their planned goals.
  - On June 27, the TSC Chairs and Vice Chairs met for a 4-hour planning session to ensure that all Committees were working in alignment with the Trauma System Mission and Vision and to set timelines. A 5-year plan for implementation was developed.
- Virginia Statewide Trauma Registry (VSTR)
  - Work on the overhaul of the VSTR Data Dictionary continues with an anticipated implementation of July 2020. Trauma/Critical Care staff continues to consult with the Association of Virginia Trauma Registrars (AVaTR) and Trauma Program Managers to ensure a thorough, high quality document to guide statewide trauma data collection.

# VIRGINIA EMS for CHILDREN (EMSC) PROGRAM

## Regional Pediatric Disaster Preparedness:

Virginia EMSC also works with regional hospital groups involved in the Hospital Preparedness Program (HPP) who receive funding through VDH via the Assistant Secretary of Preparedness and Response (ASPR). Currently we are participating in a project with the Near Southwest Preparedness Alliance (NSPA) to develop a Pediatric Annex to disaster planning in their region. This group will focus on addressing gaps in preparedness related to the pediatric population.



One resource the group plans to use is findings from the last *National Pediatric Readiness Assessment (NPR)* of hospital emergency departments facilitated by the EMSC program nationally, and in Virginia in 2013-2014. (*The next online National Pediatric Readiness Assessment will launch in July of 2020 and will target every hospital ED in the nation.*)

## 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*).

(Summarized from the previous *National Pediatric Readiness Assessment* of hospital ED's.)

## More Child Restraint Systems Available Soon:

All “ACR-4” child restraint systems previously procured by the EMSC program have been



distributed to Virginia EMS agencies, and another batch of child restraint systems is on order as we continue to emphasize that *every child transported by ambulance in Virginia should be appropriately restrained*. EMS 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. Several good resources to aid in developing these are available from the National Association of EMS Officials (NASEMSO) Safe Transport of Children Committee:

- <https://nasemso.org/wp-content/uploads/Safe-Transport-of-Children-by-EMS-InterimGuidance-08Mar2017-FINAL.pdf>
- <https://nasemso.org/wp-content/uploads/Pediatric-Transport-Products-for-Ground-Ambulances-v2.1.pdf>
- <https://nasemso.org/wp-content/uploads/Challenges-Associated-with-the-Safe-Transport-of-Children-in-Ambulances-Poster-MD.pdf>

If an EMS agency leader identifies an agency need to obtain one or two of these devices, he or she should contact David Edwards ([david.edwards@vdh.virginia.gov](mailto:david.edwards@vdh.virginia.gov)) and discuss these needs in detail.

*(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.)*

### **Registration Awards Provided by EMSC:**

More than twenty EMS providers are receiving registration awards to the 40<sup>th</sup> Annual Virginia EMS Symposium, courtesy of the Virginia EMS for Children program. Awardees taking three or more pediatric-related courses at Symposium were eligible, and each award covers the full basic cost of registration. The EMSC program provides significant support for the pediatric track at Symposium.

### **Annual Governor’s EMSC Award:**

Regional council EMSC award winners are eligible for the “Governor’s EMS Award for Outstanding Contribution to EMS for Children”. A winner will be recognized and celebrated at the 40<sup>th</sup> Annual Virginia EMS Symposium Awards Banquet on Saturday, November 9, 2019 in Norfolk.

### **EMSC Funding Available to Support PEPP and ENPC**

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!

### **EMSC Performance Measure Data Collection in 2020:**

From January to March 2020, the EMSC Performance Measure annual data collection will launch for all State Partnership (SP) EMSC grantees. The National EMSC Data Analysis Resource Center (NEDARC) and SP Program Managers from 58 states, U.S. territories and the freely associated states are ramping up, and they aim to reach about 18,000 EMS agencies.



The focus will be reassessment of the number of EMS agencies with Prehospital Pediatric Emergency Care Coordinators (Pediatric Champions) and the status of EMS personnel skills-checking on the use of pediatric equipment by the states and territories.

Beginning in January, EMSC SP Program Managers will have three months to complete data collection for the status of Performance Measures 02 and 03 from EMS agencies. EMSC SP Program Managers are currently *verifying* lists of EMS agencies to be surveyed in the NEDARC **Contact List Management System** (CLMS). All EMSC Managers are working hard to complete agency contact details verification before the data collection launch, and will work in conjunction with their NEDARC Technical Assistance Liaisons in preparation for this required data collection.

### **Focus On Developing/Identifying Pediatric Champions and Pediatric Skill Verification:**

The coming year will see a major focus on seeking a Pediatric Champion for EMS agencies (or in some cases groups of EMS agencies) in Virginia. Working with input from the TCC Committee, a curriculum for Pediatric Champions will be developed, as well as methods for Pediatric Skills Verification for EMS providers. These two topics directly relate to national EMSC Performance Measures 02 and 03.

### **Creating Pediatric Disaster Care Centers of Excellence**

*(From the EMSC Innovation and Improvement Center's EMSC Pulse newsletter.)*

Children represent 25 percent of the U.S. population and face specialized medical issues due to their unique developmental and physiologic characteristics. While pediatric hospitals provide excellent care for children on a day-to-day basis, a regionally based pediatric disaster care capability is needed to manage the overwhelming and unique medical needs of children who are impacted by a disaster.

In September 2019, the U.S. HHS Office of the Assistant Secretary of Preparedness and Response (ASPR) awarded two cooperative agreements totaling \$6 million to pilot the creation of Pediatric Disaster Care Centers of Excellence (COE) to improve disaster response capabilities for children in the United States. HHS ASPR granted two cooperative agreements to the Regents of the University of California, San Francisco (UCSF), for a COE led by the UCSF Health System and UCSF Benioff Children's Hospital; and the University Hospitals of Cleveland for a COE led by University Hospitals Rainbow Babies and Children's Hospital.

These pilot projects also will define the delivery of pediatric clinical care when existing systems become stressed or overwhelmed. Under this pilot project, UCSF Health System and UCSF Benioff Children's Hospital and University Hospitals Rainbow Babies and Children's Hospital will ensure the needs of all pediatric patients, including children with special health care needs, along with their parents and caregivers are considered and integrated into the Pediatric Disaster Care COE plans and operations.

"We are committed to the needs of children, one of our nation's most vulnerable populations," said Assistant Secretary for Preparedness and Response Dr. Robert Kadlec. "This pilot project will serve as the proving ground, and identify any gaps in health care resources and services that

are vital to continuity of pediatric health care delivery to give children the physical and emotional care they need and deserve during disasters.”

Pediatric care requires specialized training, equipment, supplies, and pharmaceuticals that may not be readily available in an emergency. Minimizing the impacts of children’s exposure to trauma, infectious diseases, and other hazards during a public health emergency or disaster can challenge health care facilities that do not specialize in pediatric care and stress the health care system as a whole.

The pilot sites and awarded funds are part of a plan to address pediatric disaster care needs and known gaps. As COEs, the two recipients must develop or improve their capability and capacity to provide highly specialized care to pediatric patients within and outside their own regions. The recipients will:

These pilot projects also will define the delivery of pediatric clinical care when existing systems become stressed or overwhelmed. Under this pilot project, UCSF Health System and UCSF Benioff Children’s Hospital and University Hospitals Rainbow Babies and Children’s Hospital will ensure the needs of all pediatric patients, including children with special health care needs, along with their parents and caregivers are considered and integrated into the Pediatric Disaster Care COE plans and operations.

## **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**

# **VIRGINIA OFFICE OF EMERGENCY MEDICAL SERVICES STATE STRATEGIC AND OPERATIONAL PLAN**



**2020 – 2022**

# VIRGINIA OFFICE OF EMS STATE STRATEGIC AND OPERATIONAL PLAN

## Table of Contents

<u>Content</u>	<u>Pages</u>
<b>Introduction</b>	3
<b>Virginia OEMS Mission and Vision Statements, and EMS System Information</b>	4
Appendix A. Glossary of Commonly Used Acronyms	5-6
<b>Core Strategy 1 – Develop Partnerships</b>	
Strategic Initiative 1.1 – Promote Collaborative Approaches	7-8
Strategic Initiative 1.2 – Coordinate response to natural, man-made, and public health emergencies	9
<b>Core Strategy 2 – Create Tools and Resources</b>	
Strategic Initiative 2.1 – Sponsor EMS related research and education	10-11
Strategic Initiative 2.2 – Supply quality education and certification of EMS personnel	11-13
<b>Core Strategy 3 – Develop Infrastructure</b>	
Strategic Initiative 3.1 – EMS Regulations, Protocols, Policies, and Standards	14-15
Strategic Initiative 3.2 – Focus recruitment and retention efforts	17
Strategic Initiative 3.3 – Upgrade technology and communication systems	17
Strategic Initiative 3.4 – EMS funding	18-19
Strategic Initiative 3.5 – Enhance regional and local EMS efficiencies	20
<b>Core Strategy 4 – Assure Quality and Evaluation</b>	
Strategic Initiative 4.1 – Assess compliance with EMS performance based standards	21-22
Strategic Initiative 4.2 – Assess and enhance quality of education for EMS providers	22
Strategic Initiative 4.3 – Pursue new initiatives that support EMS.	23
<b>Appendices</b>	
A. Glossary of Commonly Used Acronyms	5-6
B. State EMS Planning Matrix	7-23
C. Planning Matrix Sample	24
D. Glossary of Terms	24
E. Resources	25-26

## VIRGINIA OFFICE OF EMS STATE STRATEGIC AND OPERATIONAL PLAN

### INTRODUCTION

Section 32.1-111.3 of the Code of Virginia requires the development of a comprehensive, coordinated, statewide emergency medical services plan by the Virginia Office of EMS (OEMS) which shall incorporate, but not be limited to, the plans prepared by the regional emergency medical services councils. The Board of Health must review, update, and publish the plan triennially, making such revisions as may be necessary to improve the effectiveness and efficiency of the Commonwealth's emergency care system. The objectives of the plan shall include, but not be limited to the nineteen objectives outlined in Section 32.1-111.3.

Over the past few years, much attention has been paid to the development of the plan. Some of this is due to review reports, namely the Joint Legislative Audit and Review Commission (JLARC), EMS Agenda 2050, and the Institute of Medicine (IOM) Report "EMS at the Crossroads". The recommendations made in these documents have assisted in driving the planning process forward.

As the Code of Virginia mandates, this plan must be reviewed, updated, and published triennially by the Board of Health. The Office of EMS appreciates the opportunity to present this document to the Board, and values any input that the Board provides, as well as the input of any other stakeholder, or interested party. Additionally, OEMS is prepared to report on the progress of the plan to the Board of Health or other interested parties upon request, and through the OEMS Annual Reports, and Service Area Plans as required by VDH, and the Code of Virginia.

This operational plan identifies the specific initiatives required of the OEMS staff in executing the 2020-2022 Strategic Plan. Each objective and action step is intended to accomplish those items most critical to the Strategic Plan in the given fiscal year. The Strategic Plan is designed to improve priority areas of performance and initiate new programs. Therefore, much of the routine, but important work of the OEMS staff is not included in the Operational Plan.

No later than three (3) months prior to the end of each fiscal year the OEMS staff will evaluate progress on the plan and begin the process of creating the Operational Plan for the next fiscal year.

In most cases "accountability" should be the name of a person, division, or entity that has the lead responsibility for the implementation of the objective or action step. The plan will be reviewed quarterly, and only those objectives and items relevant to the time frame will be a part of the review. Any changes in the objective or action steps should be noted in writing on the form at that time.

Definitions of acronyms included in the plan can be found on **pages 5 and 6**.

## **VIRGINIA OFFICE OF EMS STATE STRATEGIC AND OPERATIONAL PLAN**

### **Virginia Office of Emergency Medical Services Mission Statement**

To reduce death and disability resulting from sudden, serious, and/or chronic injury or illness in the Commonwealth through planning and development of a comprehensive and coordinated EMS system; and provision of technical assistance and support to enable the EMS community to collaborate, integrate, and enhance the delivery of the highest quality medical care to those in need.

### **Virginia Office of Emergency Medical Services Vision Statement**

To establish a unified, comprehensive and effective EMS system for the Commonwealth of Virginia that provides for the health and safety of its citizens and visitors.

### **What is the Emergency Medical Services system in Virginia?**

The Virginia EMS system is very large and complex, involving a wide variety of EMS agencies and personnel, including volunteer and career providers functioning in volunteer rescue squads, municipal fire departments, commercial ambulance services, hospitals, and a number of other settings to enable the EMS community to provide the highest quality emergency medical care possible to those in need. Every person living in or traveling through the state is a potential recipient of emergency medical care.

The Virginia Department of Health, Office of Emergency Medical Service (OEMS) is responsible for development of an efficient and effective statewide EMS system. The EMS System in Virginia is designed to respond to any and all situations where emergency medical care is necessary. This is accomplished through a coordinated system of over 36,000 trained, prepared and certified providers, nearly 4,300 permitted EMS vehicles, and nearly 600 licensed EMS agencies, to provide ground and air emergency medical care to all people in the Commonwealth of Virginia.



## VIRGINIA OFFICE OF EMS STATE STRATEGIC AND OPERATIONAL PLAN

### Appendix A - Glossary of Commonly Used Acronyms

<b>AHA</b>	American Heart Association
<b>AMS</b>	Air Medical Services
<b>COOP</b>	Continuity Of Operations Plan
<b>DGS</b>	Virginia Department of General Services
<b>DBDHS</b>	Department of Behavioral Health and Developmental Services
<b>DW</b>	VDH Data Warehouse
<b>DMV</b>	Department of Motor Vehicles
<b>EMSC</b>	EMS For Children
<b>FARC</b>	Financial Assistance Review Committee (Subcommittee of state EMS Advisory Board)
<b>FCC</b>	Federal Communications Commission
<b>FICEMS</b>	Federal Interagency Committee on EMS
<b>HMERT</b>	Health and Medical Emergency Response Team
<b>LZ</b>	Landing Zone
<b>MCI</b>	Mass Casualty Incident
<b>MDC</b>	Medical Direction Committee (Subcommittee of state EMS Advisory Board)
<b>NASEMSO</b>	National Association of State EMS Officials
<b>NEMSIS</b>	National EMS Information System
<b>NFFF</b>	National Fallen Firefighters Foundation
<b>OEMS</b>	Virginia Office of EMS
<b>OMD</b>	Operational Medical Director
<b>OHE</b>	Virginia Office of Health Equity
<b>PDC</b>	Professional Development Committee (Subcommittee of state EMS Advisory Board)
<b>PSAP</b>	Public Service Answering Point
<b>PSHS</b>	Secretary of Public Safety and Homeland Security
<b>RC</b>	Virginia's Regional EMS Councils
<b>RSAP</b>	Rescue Squad Assistance Fund
<b>SIC</b>	System Improvement Committee (Trauma System Committee)
<b>TCC</b>	Training and Certification Committee
<b>TSC's</b>	Trauma System Committees
<b>VAGEMSA</b>	Virginia Association of Governmental EMS Administrators
<b>VAVRS</b>	Virginia Association of Volunteer Rescue Squads
<b>VDEM</b>	Virginia Department of Emergency Management
<b>VDFP</b>	Virginia Department of Fire Programs
<b>VDH</b>	Virginia Department of Health

## VIRGINIA OFFICE OF EMS STATE STRATEGIC AND OPERATIONAL PLAN

### Appendix A - Glossary of Commonly Used Acronyms (Cont.)

<b>VDOT</b>	Virginia Department of Transportation
<b>VFCA</b>	Virginia Fire Chiefs Association
<b>VHAC</b>	Virginia Heart Attack Coalition
<b>VHHA</b>	Virginia Hospital and Healthcare Association
<b>VPFF</b>	Virginia Professional Firefighters
<b>VPHIB</b>	Virginia Pre Hospital Information Bridge
<b>VSP</b>	Virginia State Police
<b>VSTR</b>	Virginia State Trauma Registry
<b>WDC</b>	Workforce Development Committee (Subcommittee of state EMS Advisory Board)

# VIRGINIA OFFICE OF EMS STATE STRATEGIC AND OPERATIONAL PLAN

## Appendix B – Planning Strategy Matrix

<b>Strategic Initiative 1.1- Promote Collaborative Approaches</b>			
<b>Objectives</b>		<b>Accountability</b>	<b>Action Steps</b>
<b>Core Strategy 1: Develop Partnerships</b>	1.1.1 Use technology to provide accurate and timely communication within the Virginia EMS System	OEMS, RC	<p>1.1.1.1 Develop and promote timely and appropriate communications and pertinent information through social media, websites and other platforms of communications by OEMS and Regional EMS Councils.</p> <p>1.1.1.2 Track and report on amount, and general content of material posted to OEMS websites and social media on a monthly and quarterly basis.</p> <p>1.1.1.3 Track and report on amount, and general content of material posted to Regional EMS Council websites and social media on a monthly and quarterly basis.</p>
	1.1.2 Promote collaborative activities between local government, EMS agencies, hospitals & health systems, healthcare coalitions, and other related entities, to increase recruitment and retention of certified EMS providers.	OEMS, RC, System stakeholders	<p>1.1.2.1. Develop a method to measure the number of new EMS providers recruited via recruitment and retention programs and activities.</p> <p>1.1.2.2. Revise “Keeping The Best!” programs for online access.</p> <p>1.1.2.3. Maintain informational items regarding benefits and incentives for local governments to provide to volunteer fire and EMS providers.</p> <p>1.1.2.4. Educate and familiarize local government officials on the importance of taking a greater role in EMS planning and coordination in their locality and/or region.</p> <p>1.1.2.5. Promote participation with other state, national and regional organizations and associations.</p> <p>1.1.2.6 Develop a method to measure the EMS workforce demographics and statistics i.e. length of service, affiliation history and agency status.</p>
	1.1.3 Provide a platform for clear, accurate, and concise information sharing and improved interagency communications between the OEMS, state agencies and EMS system stakeholders in Virginia.	OEMS, VDEM, Secretary of Public Safety and Homeland Security (PSHS), VSP, VDFP, RC, System Stakeholders.	<p>1.1.3.1. Encourage, develop and promote information sharing opportunities for improved communication between EMS system stakeholders in Virginia.</p> <p>1.1.3.2. Encourage agencies and providers to visit OEMS web page regularly, subscribe to OEMS e-mail list, access OEMS social media sites, and complete customer service surveys.</p> <p>1.1.3.3. Educate providers and agency officials in the proper use of OEMS Provider and Agency Portals.</p>

# VIRGINIA OFFICE OF EMS STATE STRATEGIC AND OPERATIONAL PLAN

Strategic Initiative 1.1- Promote Collaborative Approaches (Cont.)			
<b>Objectives</b>		<b>Accountability</b>	<b>Action Steps</b>
Core Strategy 1: Develop Partnerships	1.1.4 Identify resources and/or opportunities to work collaboratively with other state agencies, organizations, and associations to improve processes and patient outcomes.	OEMS	1.1.4.1. Attend meetings of, and exchange knowledge with the National Association of State EMS Officials (NASEMSO) and other organizations generally recognized by the EMS community. 1.1.4.2. Encourage appropriate state agencies and organizations to participate in meetings and activities hosted or sponsored by OEMS.
	1.1.5 Promote data sharing which benefit internal and external projects for improved patient outcomes.	OEMS, VHHA	1.1.5.1. Further data sharing, including the most recent version of National EMS Information System (NEMSIS), among the highway safety community, and internal and external stakeholders. 1.1.5.2 Utilize the national EMS database to monitor national data trends. 1.1.5.3 Provide a means for VDH bio-surveillance programs to utilize Virginia Pre-Hospital Information Bridge (VPHIB) data. 1.1.5.4. Explore and promote patient data sharing with approved entities as permitted under applicable law.
	1.1.6 Promote collaboration between OEMS and VDOT and DMV safety officials through activities to promote traffic incident management and safety.	OEMS, VDOT, DMV, VSP	1.1.6.1 Develop and promote collaborative relationships with national highway safety-related organizations and federal partners. 1.1.6.2 Promote the linkage of EMS data with crash data reports. 1.1.6.3 Promote National Traffic Incident Management (TIM) responder training in Virginia.

# VIRGINIA OFFICE OF EMS STATE STRATEGIC AND OPERATIONAL PLAN

Strategic Initiative 1.2 –Coordinate response to natural, man-made, and public health emergencies.			
	Objectives	Accountability	Action Steps
Core Strategy 1: Develop Partnerships	1.2.1 Support, coordinate and maintain deployable emergency response resources.	OEMS, VDEM	1.2.1.1. Create recruiting and selection process for resource management team. 1.2.1.2. Work with partner agencies to develop mission ready packages and the process for implementation and use.
	1.2.2 Increase knowledge of Emergency Operations capabilities with Emergency Managers, leaders, and supervisors on a local, regional, and state level.	OEMS	1.2.2.1. Promote emergency operations training courses, technical assistance, and other emergency operations capabilities to localities across the Commonwealth.
	1.2.3 Assist EMS agencies to prepare and respond to natural and man-made emergencies (including pandemic diseases) by incorporating strategies to develop emergency response plans (the plan) that address the four phases of an emergency (preparedness, mitigation, response, and recovery) and to exercise the plan.	OEMS, VDEM	1.2.3.1. Create and promote planning templates aimed at EMS agencies, specifically related to COOP, Emergency Preparedness, and response concerns (MCI, Surge Planning, etc.)
	1.2.4 Assist hospitals & health systems, hospital regions, and local governments to increase their ability to care for medically vulnerable populations, (pediatric, geriatric, etc.) during disasters and multiple-patient emergency events.	OEMS, EMSC, EMS Emergency Management Committee, TSC	1.2.4.1 Create and promote planning resources for hospitals and local governments specifically related to pediatric disaster preparedness and management of multiple-patient pediatric emergency events. 1.2.4.2. Create and promote planning resources for hospitals and local governments specifically related to disaster preparedness and management of other medically vulnerable populations.
	1.2.5 Identify and support resources and/or opportunities to improve patient outcomes in relation to the opioid crisis.	OEMS, VDH	1.2.5.1. Continue to support funding opportunities for licensed EMS agencies to obtain naloxone to reverse the effects of opioid related drug overdoses. 1.2.5.2. Utilize VPHIB data to track opioid related statistics and the effect of prehospital care by EMS, fire department, law enforcement and citizens. 1.2.5.3. Promote and collaborate with other entities to educate and prevent the opioid crisis in Virginia.

# VIRGINIA OFFICE OF EMS STATE STRATEGIC AND OPERATIONAL PLAN

Strategic Initiative 2.1 - Sponsor EMS related research and education.			
	Objectives	Accountability	Action Steps
Core Strategy 2: Create Tools and Resources	2.1.1 Encourage research and other projects that contribute to high quality EMS and improve patient outcomes utilizing data collected by the EMS Registries.	OEMS	<p>2.1.1.1. Provide state and regional EMS data summaries, and compare with other similar state EMS data.</p> <p>2.1.1.2. Develop VSTR and VPHIB research data set to be available for entities upon request and that have obtained institutional review board approval.</p> <p>2.1.1.3. Support the development, implementation, and evaluation of evidence-based guidelines (EBGs) according to the National Prehospital EBG Model Process</p> <p>2.1.1.4. Promote standardization and quality improvement of prehospital EMS data by supporting the adoption and implementation of NEMSIS-compliant systems</p> <p>2.1.1.5. Improve linkages between NEMSIS data, VDH data warehouse and other databases, registries, or other sources to measure system effectiveness and improve clinical outcomes</p> <p>2.1.1.6 Utilizing VPHIB and VSTR data, OEMS epidemiology staff will collaborate with stakeholders to conduct and publish research to improve prehospital and trauma care.</p> <p>2.1.1.7. Review regional data and pilot projects to enhance patient care.</p> <p>2.1.1.8 Promote the availability of undergraduate, graduate, and fellowship opportunities in EMS data analytics to promote an interest and culture in EMS based research opportunities.</p>
	2.1.2 Determine quality of EMS service and conduct analysis of trauma triage effectiveness.	OEMS, Designated Trauma Centers, Advisory Board, RC	<p>2.1.2.1. Develop and provide quarterly reports that identify the rate of over and under triage events. OEMS staff will submit this information for inclusion in the EMS Quarterly Report to the EMS Advisory Board according to applicable laws.</p> <p>2.1.2.2. Provide agency-wide access to EMS data to be used in other public health efforts.</p>
	2.1.3 Evaluate challenges that impact the workforce on service provision around the State.	OEMS, Workforce Development Committee, VAGEMSA, VAVRS	<p>2.1.3.1. Assess demographic and profile characteristics of EMS Providers in Virginia through EMS Provider Portal.</p> <p>2.1.3.2. Utilize EMS databases to evaluate information related to challenges that impact the workforce in the provision of EMS service.</p> <p>2.1.3.3 Utilize demographic data to promote diversity in the EMS workforce.</p>

**VIRGINIA OFFICE OF EMS STATE STRATEGIC AND OPERATIONAL PLAN**

**Strategic Initiative 2.1 - Sponsor EMS related research and education. (Cont.)**

	<b>Objectives</b>	<b>Accountability</b>	<b>Action Steps</b>
<b>Core Strategy 2</b>	2.1.3 Evaluate challenges that impact the workforce on service provision around the State.	OEMS, WDC, VAGEMSA, VAVRS	2.1.3.1. Assess demographic and profile characteristics of EMS Providers in Virginia through EMS Provider Portal. 2.1.3.2. Utilize EMS databases to evaluate information related to challenges that impact the workforce in the provision of EMS service. 2.1.3.3 Utilize demographic data to promote diversity in the EMS workforce. .

**Strategic Initiative 2.2 - Supply quality education and certification of EMS personnel.**

	<b>Objectives</b>	<b>Accountability</b>	<b>Action Steps</b>
<b>Core Strategy 2: Create Tools and Resources</b>	2.2.1 Ensure adequate, accessible, affordable, and quality EMS provider training and continuing education exists in Virginia.	OEMS, TCC, Regional EMS Councils	2.2.1.1. Widely publicize the availability of and ensure adequate, accessible, and quality EMS provider training and continuing education through course offerings held across the state. 2.2.1.2. Review student disposition on a bi-annual basis, identifying areas of concern for Training and Certification Committee (TCC) input and possible corrective action. 2.2.1.3 Provide continued support for an annual multi-disciplinary EMS Symposium (i.e. Virginia EMS Symposium) as a primary statewide EMS system continuing education event. 2.2.1.4. Seek out an educator to deliver dynamic continuing education (CE) programs based on assessed needs on statewide basis to include a monthly continuing education webcast with a live Q & A session.

**VIRGINIA OFFICE OF EMS STATE STRATEGIC AND OPERATIONAL PLAN**

<b>Strategic Initiative 2.2 - Supply quality education and certification of EMS personnel. (cont.)</b>			
<b>Objectives</b>		<b>Accountability</b>	<b>Action Steps</b>
<b>Core Strategy 2: Create Tools and Resources</b>	2.2.2 Enhance competency based EMS training programs.	OEMS, TCC, MDC	2.2.2.1. Compare and contrast traditional versus competency based programs. 2.2.2.2 Identify and document aspects from competency based programs that may enhance training programs as compared to the traditional approach. 2.2.2.3 Provide guidance through research to identify key components of competency based education.
	2.2.3 Align all initial EMS education programs to that of other allied health professions to promote professionalism of EMS.	OEMS, TCC, MDC, Board of Health Professions	2.2.3.1. Promote Advanced Level EMS Training including Advanced EMT (AEMT), Paramedic, Critical Care, Flight, Mobile Integrated Healthcare/Community Paramedicine, and Tactical Paramedicine. 2.2.3.2. Review the benefits of and barriers to the various models of EMS education within Virginia. 2.2.3.3. Evaluate the need for standardized EMT education related to aeromedical services including utilization, safety and landing zones. 2.2.3.4. Evaluate and/or develop resources to aid training programs in offering scenarios and tracking mechanisms to ensure skills and competencies are met to satisfy accreditation requirements. 2.2.3.5. Support OEMS staff in implementing technological resources to streamline the EMS education program processes.
	2.2.4 Assure an adequate amount and quality of pediatric training and educational resources for EMS providers and emergency department staff in Virginia.	OEMS, EMSC Committee, Virginia Hospital and Healthcare Association (VHHA)	2.2.4.1. Acquire and distribute pediatric training equipment for EMS agencies. 2.2.4.2. Sponsor pediatric training related instructor courses. 2.2.4.3. Provide support for speakers and topics at the annual VA EMS Symposium. 2.2.4.4 Participate in the National Pediatric Readiness Project. 2.2.4.5 Provide resources, training and support for EMS agency Pediatric Champions.
	2.2.5 Assure an adequate amount and quality of geriatric training and educational resources for EMS providers and emergency department staff in Virginia.	OEMS, TCC, MDC	2.2.5.1. Sponsor geriatric training related instructor courses. 2.2.5.2. Provide support for speakers and topics at the annual VA EMS Symposium.



**VIRGINIA OFFICE OF EMS STATE STRATEGIC AND OPERATIONAL PLAN**

**Strategic Initiative 2.2 - Supply quality education and certification of EMS personnel. (cont.)**

	<b>Objectives</b>	<b>Accountability</b>	<b>Action Steps</b>
<b>Core Strategy 2</b>	2.2.6. Assure an adequate amount and quality of crisis/behavioral health training and educational resources for EMS providers.	OEMS, TCC, MDC, RC, Provider Health and Safety, Virginia Department of Behavioral Health and Developmental Services (VBHDS)	2.2.6.1 Coordinate and sponsor crisis/behavioral health courses for instructors and students throughout the Commonwealth. 2.2.6.2 Provide support for speakers and topics at the annual VA EMS Symposium. 2.2.6.3 Continue to promote and support health and safety programs for provider mental health through programs such as; the peer support CISM team accreditation program, suicide prevention, and other similar mental health initiatives.
	2.2.7 Assure an adequate amount and quality of trauma training and education for EMS providers and emergency department staff in Virginia.	OEMS, TSC's, MDC, RC	2.2.7.1 Use the VPHIB and VSTR databases to identify opportunities for improvement, and design education to target those areas. 2.2.7.2 Provide support for speakers and topics at the annual VA EMS Symposium.
	2.2.8. Assure an adequate amount and quality of medically vulnerable populations health training and educational resources for EMS providers.	OEMS, MDC, RC,	2.2.8.1. Sponsor medically vulnerable populations training related instructor courses. 2.2.8.2. Provide support for speakers and topics at the annual VA EMS Symposium.

## VIRGINIA OFFICE OF EMS STATE STRATEGIC AND OPERATIONAL PLAN

<b>Strategic Initiative 3.1 - EMS Regulations, Protocols, Policies, and Standards</b>			
	<b>Objectives</b>	<b>Accountability</b>	<b>Action Steps</b>
<b>Core Strategy 3: Develop Infrastructure</b>	3.1.1 Review and assess state and federal legislation related to the EMS system.	OEMS, Rules and Regulations Committee, Legislation and Planning Committee	3.1.1.1. Review legislation to determine its impact on the state EMS system. 3.1.1.2. Gather legislative news and interest items from NASEMSO, and National Association of EMS Physicians (NAEMSP), Federal Interagency Committee on EMS (FICEMS), and related organizations.
	3.1.2 Establish statewide Air/Ground Safety Standards.	OEMS, State Medevac Committee	3.1.2.1. Identify and adopt universal safety standards. 3.1.2.2. Maintain weather turn down system. 3.1.2.3. The development of training criteria for EMS field personnel and telecommunications personnel regarding the use of Medevac services. 3.1.2.4. Standardize air/ground safety standards. 3.1.2.5. Review current policies/procedures related to quality improvement and safety standards. 3.1.2.6. Standardize Landing Zone procedures. 3.1.2.7. Maintain process for consistent use of air to air communication.
	3.1.3 Develop criteria for a voluntary Virginia Standards of Excellence recognition program for EMS Agencies.	OEMS, WDC	3.1.3.1. Promote and incentivize voluntary accreditation standards. 3.1.3.2. Implement and market program to interested agencies. 3.1.3.3. Evaluate efficacy of program based on feedback of EMS agency officials and site reviewers.
	3.1.4 Maintain and enhance the Trauma Center designation process.	OEMS, TSC's, EMSC	3.1.4.1. Maintain the trauma designation criteria to include American College of Surgeons (ACS) Trauma Center standards. 3.1.4.2. Develop a Trauma Center Consultation program that hospitals (designated and non-designated) can use as a resource to assist with programmatic implementation and operational issues.

**VIRGINIA OFFICE OF EMS STATE STRATEGIC AND OPERATIONAL PLAN**

<b>Strategic Initiative 3.1 - EMS Regulations, Protocols, Policies, and Standards (Cont.)</b>			
<b>Objectives</b>		<b>Accountability</b>	<b>Action Steps</b>
<b>Core Strategy 3: Develop Infrastructure</b>	3.1.5 Maintain and enhance the Regional EMS Council designation process.	OEMS, RC	3.1.5.1. Evaluate the structure of the designation process. 3.1.5.2. Incorporate input of applicants and evaluators into next round of designations. 3.1.5.3. Conduct re-designation process for councils every 3 years.
	3.1.6 Establish standardized methods and procedures for the inspection and licensing and/or permitting of all EMS agencies and vehicles, including equipment and supply requirements.	OEMS, Transportation Committee	3.1.6.1. Development of standard inspection checklist, to include all aspects of agency and EMS vehicle inspection.
	3.1.7 Through a consensus process, develop a recommendation for evidence-based patient care guidelines and formulary.	OEMS, State EMS Medical Director, MDC, Board of Pharmacy.	3.1.7.1. Develop and maintain a resource document to assist regional medical directors, agency medical directors, and agency personnel as patient care guidelines and protocols are produced.

## VIRGINIA OFFICE OF EMS STATE STRATEGIC AND OPERATIONAL PLAN

<b>Strategic Initiative 3.2 - Focus recruitment and retention efforts</b>			
	<b>Objectives</b>	<b>Accountability</b>	<b>Action Steps</b>
<b>Core Strategy 3: Develop Infrastructure</b>	3.2.1 Develop, implement, and promote a comprehensive recruitment and retention campaign for EMS personnel and physicians, supporting the needs of the EMS system.	OEMS, State EMS Medical Director, MDC, WDC, FARC, RC	3.2.1.1. Continue to support “VA EMS Jobs” website. 3.2.1.2. Maintain a voluntary Standards of Excellence program for EMS agencies. 3.2.1.3. Develop, promote and maintain an EMS agency resiliency program for EMS agencies can utilize tools such as self-evaluations to identify potential agency vulnerabilities and offer tools to support agency resiliency. 3.2.1.4. Maintain Leadership & Management track at the VA EMS Symposium, and recommend topics and presenters. 3.2.1.5. Continue to promote and support special Rescue Squad Assistance Fund (RSAF) applications related to recruitment and retention of EMS providers. 3.2.1.6. Review and promote the Operational Medical Director (OMD) workshop curriculum. 3.2.1.7. Support the transition of military EMS providers to civilian practice.
	3.2.2 Support and expand the Virginia Recruitment and Retention Network.	OEMS, WDC	3.2.2.1. Continue to support the distribution of information and education related to recruitment and retention. 3.2.2.2. Seek new avenues for EMS recruitment outreach. 3.2.2.3. Recommend strategies for expansion of existing programs.
	3.2.3 Develop, implement, and promote EMS leadership programs, utilizing best practices.	OEMS, WDC	3.2.3.1. Develop and promote leadership programs to assist EMS agencies to provide high quality leadership to include all levels of the EMS Officer training program. 3.2.3.2. Develop and/or review leadership criteria and qualifications for managing an EMS agency. 3.2.3.3. Develop model job descriptions for EMS Officers.

## VIRGINIA OFFICE OF EMS STATE STRATEGIC AND OPERATIONAL PLAN

<b>Strategic Initiative 3.3 – Upgrade technology and communication systems</b>			
	<b>Objectives</b>	<b>Accountability</b>	<b>Action Steps</b>
<b>Core Strategy 3</b>	3.3.1 Assist with, and promote, the compliance of all emergency medical communications systems with state and federal regulations for interoperability.	OEMS, Communications Committee	3.3.1.1. Continue to ensure that all emergency medical communications systems meet state and federal regulations.
	3.3.2 Promote emergency medical dispatch standards and accreditation among 911 Public Safety Answering Points (PSAPs) in Virginia.	OEMS, Communications Committee	3.3.2.1. Support concept of accredited PSAPs, operating with emergency medical dispatch (EMD) standards, and assist agencies in achieving accreditation, and/or adopting EMD as standard operating procedure.
	3.3.3 Provide technical assistance on communication products available for use in the emergency medical community.	OEMS, Communications Committee	3.3.3.1. Support new products and technologies, state and federal interoperability initiatives, including First Net, and serve as information conduit to entities. 3.3.3.2. Review the feasibility of additional statewide mutual aid radio frequencies for ground to air communications.
	3.3.4 Develop and maintain policies and programs for the Office of EMS to become fully paperless.	OEMS, OIM	3.3.4.1 Develop a program to make the EMS candidate psychomotor examination process a paperless process. This would include a searchable database for the availability of Consolidated Test Site locations throughout multiple regions, candidate pre-registration eligibility confirmation, examination testing history all accessible and completed through electronic submission. 3.3.4.2 Develop a program that allows State Certification Examiners the ability to electronically record the psychomotor certification examination process. This would also include the on-site candidate check-in, identification verification of testing candidate, candidate testing documentation, testing results and maintenance of candidate records.

# VIRGINIA OFFICE OF EMS STATE STRATEGIC AND OPERATIONAL PLAN

<b>Strategic Initiative 3.4 – EMS Funding</b>			
	<b>Objectives</b>	<b>Accountability</b>	<b>Action Steps</b>
<b>Core Strategy 3: Develop Infrastructure</b>	3.4.1 Establish roles, expectations, qualifications, and training for FARC committee members.	OEMS, FARC	3.4.1.1. Review and compare FARC training policies and procedures to current scope of work to determine relevance. 3.4.1.2. Develop FARC member job descriptions, to include qualifications, experience, and position expectations. 3.4.1.3. Utilize online LMS (Learning Management System) to create course modules, training plans, and onboarding materials for FARC. 3.4.1.4. Implement annual conflict of interest disclosures for FARC members.
	3.4.2 Enhance RSAF application to capture high-level, decision-oriented data and compelling narrative information.	OEMS, FARC	3.4.2.1. Survey FARC, OEMS Graders, and Regional EMS Councils to determine data and information that drives decision-making. 3.4.2.2. Present recommendations from survey to OEMS IT Committee to make necessary changes to RSAF application. 3.4.2.3. Update E-GIFT User Guides, technical assistance training, and application guidance documents to include changes.
	3.4.3 Explore cost-saving measures to expand RSAF impact and provide greater assistance to critical programs, equipment, and vehicles.	OEMS, FARC, Transportation Committee, VDH Office of Purchasing and General Services	3.4.3.1. Continue to produce annual OEMS Consolidated Grants Product Price List. 3.4.3.2. Engage discussion with EMS equipment and vehicle manufacturers and subject-matter experts to further knowledge base for RSAF application review and OEMS Consolidated Grants Products Price List. 3.4.3.3. Continue to seek additional grant sources to improve the statewide EMS System. 3.4.3.4. Develop and maintain list of eligible equipment and vehicles that agencies are eligible to purchase using state grant funds.
	3.4.4 Streamline RSAF administration to ensure effective, efficient, equitable and transparent administration of state funding.	OEMS, Office of Internal Audit	3.4.4.1. Explore options to enhance efficiency by adjusting grant period, funding levels, and reporting requirements. 3.4.4.2. Solicit contracted audit firms to assist with grant monitoring and reporting. 3.4.4.3. Update RSAF policies and procedures documents.
	3.4.5 Provide outreach, technical assistance, and training opportunities for prospective applicants, grantees, and stakeholders.	OEMS	3.4.5.1. Continue to promote RSAF program through Regional EMS Councils. 3.4.5.2. Continue to provide technical assistance webinars for each RSAF application cycle. 3.4.5.3 Identify grant opportunities that EMS agencies may be eligible for, and distribute information to EMS system.

# VIRGINIA OFFICE OF EMS STATE STRATEGIC AND OPERATIONAL PLAN

<b>Strategic Initiative 3.4 – EMS Funding (cont.)</b>			
<b>Objectives</b>		<b>Accountability</b>	<b>Action Steps</b>
<b>Core Strategy 3</b>	3.4.6 Provide funding opportunities to support special initiatives identified by OEMS and the EMS Advisory Board.	OEMS, FARC, Transportation Committee, TCC, EMSC, MDC, TSCs	3.4.6.1. Collaboratively develop special initiative grant opportunities with EMS Advisory Board subcommittees. 3.4.6.2. Determine needs and make adjustments to special initiative application form.
	3.4.7 Standardize EMS grant review and grading process by graders at regional and state level.	OEMS, FARC	3.4.7.1. Develop RSAF decision making matrix. 3.4.7.2. Revise RSAF grant review sheet developed by FARC and OEMS staff, and continue to evaluate for efficacy. 3.4.7.3. Solicit feedback from Regional EMS Councils and stakeholders regarding the review process. 3.4.7.4. Provide education and outreach to explain reviewer roles and grading process. 3.4.7.5 Incorporate VPHIB data (submission compliance, quality scoring, call volume and type etc.) into the evaluation process. 3.4.7.6. Review the utilization of the Return to Localities (RTL) data such as carryover balances in the evaluation process.

# VIRGINIA OFFICE OF EMS STATE STRATEGIC AND OPERATIONAL PLAN

<b>Strategic Initiative 3.5 – Enhance regional and local EMS efficiencies</b>			
<b>Objectives</b>		<b>Accountability</b>	<b>Action Steps</b>
<b>Core Strategy 3</b>	3.5.1 Standardize performance and outcome based service contracts with designated Regional EMS Councils and other qualified entities.	OEMS, RC	3.5.1.1. Maintain annual service contracts with Regional EMS Councils. 3.5.1.2. Provide standard contracts, plan templates, and other reference documents to Regional EMS Councils in each fiscal year. 3.5.1.3. Provide input on contract deliverables to Regional EMS Councils on a quarterly basis. 3.5.1.4. Review and update contract and or memorandums of understanding (MOUs) deliverables to maintain relevance and functional importance to EMS system stakeholders within the regional EMS service areas.
	3.5.2 Improve regulation and oversight of air medical services (AMS) statewide.	OEMS, State Medevac Committee, Rules & Regulations Committee, MDC	3.5.2.1. Revise/implement state AMS regulations. 3.5.2.2. More clearly define licensure requirements for AMS agencies. 3.5.2.3. Establish response areas for AMS agencies. 3.5.2.4. Develop criteria for ongoing AMS PI program.
	3.5.3 Educate local government officials and communities about the value of a high quality EMS system to promote development in economically depressed communities and the importance of assuming a greater responsibility in the planning, development, implementation, and evaluation of its emergency medical services system.	OEMS, WDC, Virginia Office of Minority Health and Health Equity (OMHHE)	3.5.3.1. Give presentations at Virginia Association of Counties (VACO) and Virginia Municipal League (VML) meetings, to educate local government officials about EMS. 3.5.3.2. Contribute EMS related articles and news items to periodic publications of VACO and VML.



# VIRGINIA OFFICE OF EMS STATE STRATEGIC AND OPERATIONAL PLAN

<b>Strategic Initiative 4.1 – Assess compliance with EMS performance driven standards.</b>			
<b>Core Strategy 4: Assure Quality and Evaluation</b>	<b>Objectives</b>	<b>Accountability</b>	<b>Action Steps</b>
	4.1.1 Maintain statewide data-driven performance improvement process.	OEMS, MDC	4.1.1.1. Utilize VDH resources to conduct risk adjusted data analysis of patients in cooperation with our stakeholders. 4.1.1.2. Develop an EMS performance improvement program. 4.1.1.3. Evaluate the need for performance improvement programs for specific care populations (e.g. stroke, sepsis, STEMI).
	4.1.2 Maintain statewide pre-hospital and inter-hospital triage/patient management plans.	OEMS, TAG, State EMS Medical Director, MDC, RC, EMSC	4.1.2.1. Maintain statewide stroke triage, and trauma triage plans to include regional plan development and maintenance by regional EMS councils. 4.1.2.2. Supply state level data to assist with monitoring individual regional performance compared to state and national benchmarks. 4.1.2.3. Actively participate with organizations, such as American Heart Association (AHA) that addresses pre-hospital and inter-hospital triage/patient management. 4.1.2.4 Encourage hospitals & health systems to develop written interfacility emergency transfer guidelines and agreements that specifically include pediatric patients.
	4.1.3 Review and evaluate data collection and submission efforts.	OEMS, MDC	4.1.3.1. Develop standard reports within VPHIB that will allow individual EMS agencies to view the quality of data being submitted. 4.1.3.2. Provide quality “dashboards” where education can improve data quality and update validity rules within the application when education alone cannot correct poor data. 4.1.3.3. Provide quarterly compliance reports to the OEMS, Division of Regulation and Compliance and Executive Management. 4.1.3.4. Promote initiatives for the ability to review near real-time insights for patient care utilizing data from the Virginia and NEMSIS data points while ensuring the security of protected health information (PHI).
	4.1.4 Review functional adequacy and design features of EMS vehicles utilized in Virginia and recommend changes to improve EMS provider safety, unit efficiency and quality of patient care.	OEMS, Rules & Regulations Committee, Transportation Committee, Health & Safety Committee	4.1.4.1. Evaluation of national/international documents and information related to vehicle and provider safety, with potential incorporation into EMS regulation and inspection procedure.

**VIRGINIA OFFICE OF EMS STATE STRATEGIC AND OPERATIONAL PLAN**

<b>Strategic Initiative 4.1 – Assess compliance with EMS performance driven standards. (cont.)</b>			
	<b>Objectives</b>	<b>Accountability</b>	<b>Action Steps</b>
	4.1.5 Measure EMS system compliance utilizing national EMS for Children (EMSC) performance measures.	OEMS, EMSC	4.1.5.1. Continue to assess the pediatric emergency care readiness of Virginia's Emergency Departments. 4.1.5.2 Continue to assess components of pediatric emergency care readiness of Virginia EMS agencies. 4.1.5.3 Encourage EMS agencies (or in some cases groups of EMS agencies) to appoint a Pediatric Champion.

<b>Strategic Initiative 4.2 – Assess and enhance quality of education for EMS providers.</b>			
	<b>Objectives</b>	<b>Accountability</b>	<b>Action Steps</b>
<b>Core Strategy 4: Assure Quality and Evaluation</b>	4.2.1 Update the certification process to assure certification examinations continue to be valid, psychometrically sound, and legally defensible.	OEMS, TCC	4.2.1.1. Review and revision of psychomotor examination by TCC as needed. 4.2.1.2. Review statistical data and make recommendations for the EC recertification exam.
	4.2.2 Assure adequate and appropriate education of EMS students.	OEMS, TCC	4.2.2.1. Review state statistics for certification rates and assist in determining avenues to improve outcomes and implement new processes. 4.2.2.2. Improve instructor compliance with student registration process. 4.2.2.3. Review funding mechanisms provided by the Commonwealth of Virginia to ensure efficiency in providing funding assistance to individuals seeking EMS certification.
	4.2.3 Explore substitution of practical examination with successful completion of a recognized competency based training program conducted by accredited training sites and using computer based technology for written examinations.	OEMS, TCC	4.2.3.1. Review the program summative practical examination process in EMT education. 4.2.3.2. Modify the process according to the outcomes of the review.

# VIRGINIA OFFICE OF EMS STATE STRATEGIC AND OPERATIONAL PLAN

<b>Strategic Initiative 4.3 – Pursue initiatives that support EMS</b>			
<b>Objectives</b>		<b>Accountability</b>	<b>Action Steps</b>
<b>Core Strategy 4: Assure Quality and Evaluation</b>	4.3.1 Engage the EMS system in unintentional injury, illness, and violence prevention efforts.	OEMS, Provider Health & Safety Committee, VDH – Div. of Injury and Violence Prevention	4.3.1.1. Participate in intentional and unintentional injury and illness prevention initiatives, and facilitate involvement for EMS agencies and providers. 4.3.1.2. Review VPHIB statistics regarding Line of Duty Death (LODD) and Line of Duty Injury (LODI), and develop prevention materials.
	4.3.2 Develop, implement, and promote programs that emphasize safety, health and wellness of first responders.	OEMS, TCC, MDC, Virginia Department of Behavioral Health and Developmental Services (DBHDS), VDFP, VFCA, VAVRS, VAGEMSA, VPFF, NFFF, RC	4.3.2.1. Maintain OEMS staff support of quarterly meetings of the Health and Safety Committee of the state EMS Advisory Board. 4.3.2.2. Identify, develop, and distribute safety, health and wellness programs aimed at first responders, such as Traffic Incident Management, and suicide prevention, and EMS fatigue. 4.3.2.3. Ensure Health, Safety, and wellness training is available at stakeholder conferences, and recommend topics and presenters. 4.3.2.4. Maintain Governor's EMS Award category for contribution to the EMS system related to the health and safety of EMS providers.
	4.3.3. Research and disseminate information on best practices as it relates to EMS response to active shooter and hostile environment incidents.	OEMS, Health & Safety Committee, State EMS Medical Director, VSP, VDFP, RC, EMSC	4.3.3.1 Develop and maintain website providing information on best practices related to response procedures, policies, team equipment, and other issues related to EMS involvement in active shooter/hostile environment response. 4.3.3.2. Work with partner agencies to encourage public safety relationships at the local level to enhance response to active shooter/hostile environment incidents. 4.3.3.3. Host online component of "Stop the Bleed Toolkit" developed for school nurses in Virginia.
	4.3.4. Research and disseminate information on best practices as it relates to community risk reduction programs targeted toward improving population health.	All EMS Stakeholder groups	4.3.4.1 Develop partnerships with public and private entities to expand opportunities to improve population health. 4.3.4.2 Develop and promote programs, such as mobile integrated healthcare, targeted toward improving population health.
	4.3.5 Engage in evidence-based practices to improve EMS care in the Commonwealth of Virginia.	TCC, OEMS, EMSC, MDC, RC	4.3.5.1. Review research and disseminate information to educators and agencies based on valid, credible studies. 4.3.5.2. Review the rules and regulations of OEMS to ensure current alignment with educational theory and practices.

## VIRGINIA OFFICE OF EMS STATE STRATEGIC AND OPERATIONAL PLAN

### Appendix C – Sample Planning Matrix

Strategic Initiative			
Objectives		Accountability	Action Steps
Core Strategy			

### Appendix D – Glossary of Terms

#### Glossary of Terms

**Action Step:** A specific action required to carry out an objective.

**Core Strategy:** A main thrust or action that will move the organization towards accomplishing your vision and mission.

**Operational Plan:** This is the plan that implements the strategic intent of the organization on an annual basis.

**Objective:** A specific, realistic and measurable statement under a strategic initiative.

**Strategic Initiative:** An action that will address areas needing improvement or set forth new initiatives under the core strategy. This is the planning part of strategy that when combined with the vision, the mission and core strategies complete the strategic effort.

**SWOT Analysis:** An assessment of the internal strengths and weaknesses of the organization and the organization's external opportunities and threats.

**Template:** A guide and/or format that assists the user in accomplishing a task efficiently in a uniform and consistent manner.

## VIRGINIA OFFICE OF EMS STATE STRATEGIC AND OPERATIONAL PLAN

### Appendix E - Resources

#### Resources

In developing this plan several resources were used in addition to meetings and interviews with OEMS staff and many system stakeholders.

- Code of Virginia: § 32.1-111.3. Statewide emergency medical care system. Requires a comprehensive, coordinated EMS system in the Commonwealth and identifies specific objectives that must be addressed.
- EMS Agenda 2050: EMS Agenda 2050 document is the result of a collaborative and inclusive two-year effort to create a bold plan for the next several decades. The new Agenda for the Future envisions people-centered innovative possibilities to advance EMS systems.
- EMS Agenda for the Future: A document created by the National Highway Traffic and Safety Administration (NHTSA) that outlines a vision and objectives for the future of EMS. August 1996
- OEMS 3-Year Plan: 2017-2019
- Service Area Strategic Plan State Office of Emergency Medical Services (601 402 04) which describes the statutory authority and expectations for OEMS and identifies the growing EMS needs of the citizens and visitors of Virginia.
- Service Area Strategic Plan Financial Assistance for Non Profit Emergency Medical Services Organizations and Localities (601 402 03) This service area includes Virginia Rescue Squads Assistance Fund grants program, Financial Assistance to Localities to support Non Profit Emergency Medical Service (EMS) agencies, and funding provided to support Virginia Association of Volunteer Rescue Squads (VAVRS).
- State Emergency Medical Services Systems: A Model: National Association of State EMS Officials – July 2008
- EMS at the Crossroads: Institute of Medicine – 2006
- Agency Planning Handbook: A Guide for Strategic Planning and Service Area Planning Linking to Performance-Based Budgeting: Department of Planning and Budget 2018-2020 Biennium, Release Date August 9, 2018
- Joint Legislative Action Review Commission (JLARC) Report – House Document 37, Review of Emergency Medical Services in Virginia. 2004.

## VIRGINIA OFFICE OF EMS STATE STRATEGIC AND OPERATIONAL PLAN

### Resources (Cont.)

- EMS Advisory Board Committee Planning Templates – Revised 2016
- Regional EMS Council Process Action Team (PAT) Retreat Report - November 2008.
- Five-Year Strategic Plan – Federal Interagency Committee on EMS – November 2014

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